STATE C	F MARYLAND-	-CERTIFICATE OF DEATH	1689
1. PLACE OF DEATH	. 0	92-21	
County outside fred	uck	Registration Dist. No.	£ 4
Village or City Fredery	ek. (Leurstorm)	NoSt.	Ward
Length of residance in city or town where d	lasth occurred 29 yrs ma	If death occurred in a horpital or institution, give its NAME instead of street	and number)
2. FULL NAME anna	MA and K. a.	sds. How long in U.S. if of foreign birth?yrs	mosds
-54	ray pair		
(a) Residence: No.	(Usual place of abode)	St., Ward. V. Lewisters Rest nonresident give city or town	1.0
PERSONAL AND STATISTI	7.0	MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOB OR RACE	5. SINGER, MARRIED, WIDOWED.	21. DATE OF DEATH	
Frenale Whit.	OR DIVORCED (write the word)	feet 17	193 7
Sa. if marriad, widowad, or divoscad	· · · · ·	(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of	Bau.	22. I HEREBY CERTIFY. That I attan	ded deceasad from
27 1	1	Jan 15, 1907, 10 7 6-17	1927
6. DATE OF BIRTH (month, day, and yaer)	st 10-1907	Tlest saw had alive on tale 1, 193	Z; death Is sai
7. AGE Yaars Months	Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 9.20A.m.	
29 5	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows:	10
8. Trade, profassion, or particular kind of work done, as SPINNER,			Date of onset
SAWYER, BOOKKEEPER, etc	,	Mitrul Sterrers	1935
work was done, es SILK MILL, SAW MILL, BANK, atc.	reservite		
10. Date deceased lest worked at this occupation (month end year)	11. Totel tima (years) spant in this occupation		****
12. BIRTHPLACE (city or town) Mary	land.	Other Contributory Causes of importance:	
(Stata or country)			
13. NAME Learge C. /2	lle		
13. NAME Leage C. 11. 14. BIRTHPLACE (city or town)	10	Name of operation Detail	
(Stata or country)	ylana.	What tast confirmed diegnosis? Was there	-
15. MAIDEN NAME Flora	Wiles	23. If daath wes due to external causes (VIOLENCE) fill In also the follow	
15. MAIDEN NAME Follows (16. BIRTHPLACE (city or town) Man	40	Accident, sulcide, or homicide? Date of injury	1.7
E (Steto or country)	grana.	Where did injury occur?	
17. INFORMANT Kalffe H. (Address)	Dale t Md. G. S.	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE,
18. BURIAL, CREMATION, OR REMOVAL	- 10	Manner of injury	
Place Flustom Ch	Date 20 - File 1999	Nature of Injury	
Coursel Fin	use Home		/
19. UNDERTAKER COMMON THE	met.	24. Wes disease or injury in any way ralated to occupation of decaasad?	120

Registrar.

If so, specify (Signad)



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 2 1937	July 5, 1927	Peritonitis	3 days ago	
BIREAU V.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registral, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	2		4
Other contributory causes of importance:		Other contributory causes of importance:	HALF
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

_	(93-70)
	Registration Dist. No.
	No. 308 W. Patrick St. Ward
f	death occurred in a hospital or institution, give its NAME instead of street and number)
1	ds. How long in U.S. If of foreign birth?yrsmosds.
	If U. S. Veteran, specify WAR None
	St., Ward.
	If nonresident give city or town and State
-	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	(Month) (Day) (Year)
	22. HEREBY GERTIFY That I attended deceased from
	155 to ftel 211 , 1957
_	I fast saw h alive on death is said
	to have occurred on the data stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Matoria Scheroson 1925
	1995
	MARCANT
•	- V JUCO VICE
-	0 1
	Other Contributers Chuses of Importances
-	The sea special way
	1
_	Nema of operation Dete of
-	What test confirmed diagnosis? Was there an autopsyll
	23. If death was dua to extarnal causes (VIOLENCE) fill in also the following:
_	Accidant, suicida, or homicide? Date of Injury, 19
9	Whare did injury occur?
	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
-	
	Menner of injury
	Nature of Injury.
	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify
d	(Signed) And Selle M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance: Gastroenteritis	1 year	
	1915	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis	

1. PLACE OF DEATH			13			
County Frederick			Registration Dist. No.	71		
/ Village or City Jeffer	son		No. Jefferson St.,	Ward		
Length of residence in city or town w	here death occurred	O vrs me	t death occurred in a hospital or institution, give its NAME instead of street and How long In U.S. If of foreign birth?	number)		
2. FULL NAME INS. J	anie Lee	Beall	If U. S. Veteran, specify WAR			
(a) Residence: No. Jeffe		D	St Ward A			
	(Usual place		lf nonresident give city or town and	d State		
PERSONAL AND STAT			MEDICAL CERTIFICATE OF DEATH			
female white		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Feb. 4th. (Month) (Dey)	_, 193 ⁷ 7		
5a. If merried, widowed, or divorced HUSBAND of Wm. H. Be	all		22. I HEREBY CERTIFY That I attended	deceased from		
6. DATE OF BIRTH (month, day, and year)	1		i lest sew h_GT_ elive on	; death is sel		
7. AGE Yeers Month	Daya	if LESS then 1 dey,hrs. ormin.	were as follows:	Date of enset		
8. Trade, profession, or particular kind of work done, as SPINNEI SAWYER, BOOKKEEPER, etc	Housewo	rk	Malmentini	1935		
kind of work done, as SPINNEI SAWYER, BOOKKEEPER, etc 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at			Lay E hematema left Butters			
10. Date decessed lest worked at this occupation (month and year)	une36 11. Totel	time (yeers) 50 ant in this apation	La oue hand Quet R.			
12. BIRTHPLACE (city or town) MARY (State or country)	land		Other Contributory Causes of Importance: Tracticed trefor accidental fields Survey accidental fields	6/12/		
13. NAME G. Gibson	Smith		Sandy and Soulders			
13. NAME G. GIDSON 14. BIRTHPLACE (city or town) (Stets or country)	ryland		Neme of operation Pure Dete of	7.		
15. MAIDEN NAME Mary Ho	lburner		What test confirmed diagnosis? Wes there en 23. If deeth was due to externel causes (VIOL ENCE) fill in elso the followin			
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	laryland		Accident, suicide, or homicide? Quesident. Dele of injury Where did Injury occur? Jakherson, Frederick County,	, 19		
17. INFORMANT Mrs. R. Do (Address) Jefferson	. 1.0.		Specify city or town, county and Steeper whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ite)		
18. BURIAL, CREMATION, OR REMOVAL Place Fairmount Ce	Liberty m. Dete 2/6		Menner of injury Recidental falls Neture of Injury Fractured Life			
19. UNDERTAKER M.R. Etchi (Address) Frederick	son & Son	1.	24. Wes disease or Injury in any way releted to occupation of deceased?	200		
20. FILED 5 - Feb., 1937		- Curdex Registrar.	(Signed) Goldon Succe (Address) Lefter sen M	M. 1		
If	more black are needed,	address State Registrar,	, 2411 N. Charles Street, Ballimore Requenting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 5 1337	July 5, 1927	Peritonitis	3 days ago	
	BUPEAU V. B.	The second secon			
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	THER STATEMENTS	BY	PHYSICIAN
-------------------------	-----------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1893
1. PLACE OF DEATH	(59)
county Frederick	Registration Dist. No.
Village or City Fire Joseph Monleva	No. Mergeney Hugheland Ward (death occurred in a horpital or matitution, give its NAME indead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in US if of foreign birth?
2. FULL NAME Caymond Clyde, ()	Leaves U. S. Vererator Specify WAR Mane
(a) Residence: No. Myersville Miller (Usual place of abode) Tree	Rotate Deck. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Massie	21. DATE OF DEATH Fig. 18 7 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(OH) HITE OF Mary Tryon	22. I HEREBY CERTIFY, that i attended deceased from
6. DATE OF BIRTH (month, day, and veer)	I last saw harmalive on Feb 1 8 19.3.2; death is sain
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
4/ 16. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
28 Trade profession or particular	Date of ones
kind of work done, as SPINNER, La horer	Diabote Mellitus 1928
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this openuation / mograth and spent in this	
SAW MILL, BANK, etc	-
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 20 occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Ua.	
13. NAME ashury Beaus.	
14. BIRTHPLACE (city or town).	Name of operation A STY Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy 24
15. MAIDEN NAME Louisa Marlaux	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homioide
(State or country)	Where did in y v occur? (Specify city or town, county and State)
17. INFORMANT Mirs y delsbyrg or mer year y days	(Specify city nr town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Brethern Cem. 2/201937.	Manner of injury
19. UNDERTAKER Gladhill Company (Address) Middle town Md	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILEO 19. FILE 1937 Monthle Registrary	(Signed) Shus Houp M. (Address) Mi Adletour
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1 12111

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitual nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MURCAU V. 6.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			H 2 1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEAT Within the Corporate mane. Jo should Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U. S. if of foreign birth?____ Length of rasidence in city or town where death occurred NENT RECORD, Every FU. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State Exact MEDICAL GERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) classified 5a. If marriad, widowed, or divorcad HUSBAND of 22. CERTIFY. That I attended deceesed from BINDI (or) WIFE of PERM 6. DATE OF BIRTH (month, day, and year). certificate. 7. AGE Months Days If LESS than to have occurred on the date stated above, et __ 2 - a - _ m 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: or ____ min. 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER' SAWYER, BOOKKEEPER, etc.... RESERVED he 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ back should may 10. Date deceased last worked at 11. Total time (years) this occupation (month and that occupetion _. instructions Other Contributory Causes of Importance: MARGIN 12. BIRTHPLACE (city or town (State or country) terms, FATHER See 14. BIRTHPLACE (city or town) Neme of operation. (Stata or country) What test confirmed diagnosis?_. carefully 2 MOTHER important. 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town) ___ (Stete or country) Where did injury occur?... pe DEA (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, pluods OF (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Mennar of injury Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased: No. (Address) If so, spacify (Signad)__

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAD 5 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage State All V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100000000000000000000000000000000000000





MOL

19. UNDERTAKER (Address)

(Oay)

That I ettended deceased from

Oate of enset

Neme of operation What test confirmed diegnosis? _____ Wes there an autopsy?____ 23. If death was due to external ceuses (VIOL ENCE) fill In also the following: (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE, 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury Neture of Injury. 24. Was disease or injury In any way related to occupation of deceased? If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NAR 3 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 1696
1. PLACE OF DEATH	107'0
county Frederick	Registration Dist. No. 147
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DAVORCED Swrite the word) OR DAVORCED Swrite the word)	21. DATE OF DEATH Jeh 15 , 193 7 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
1 Daily 13 1021	19 to Fee 15 19 37
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance wera as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Broncho Menerone
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data daceasad last worked at this occupation (month and	
SAW MILL, BANK, etc.	Diagramia made have information
	received dee Talfait Child Could
year) occupation	other contributory lack of imperiona cheel on acanget
12. BIRTHPLACE (city or town) / Maryland,	or road conditions.
(State or country) Coursement Hospital Freduces	0
II 13. NAME Rufus Biggus	
14. BIRTHPLACE (city or town). Manyland	Neme of operation Nove Peta of
(State or country)	What test confirmed diagnosis and the state of the state
15. MAIDEN NAME Elizabeth Costley	
The same of the sa	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Elizabeth Cortly 16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide? Date of injury, 19
1 (State of conflict)	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place woodbille lungate Jeh 18, 1937	Nature of injury
mile dila	24. Was diseese or injury in any way related to occupation of deceased?
19. UNDERTAKER Tackly disposal	24. Has discose of highly in any way related to occupation of deceased:
and a la Obra I - 1	If so, specify
20. FILED Teley 17, 137 Wolley Wholesworth Registrar.	(Signed) M. D. (Address) M. D. Curn Turk
Registrar,	" (Mudicos)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V = 1			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

ADDITIONAL SPACE FOR EURTI	TED OF A TEMENTOR DAY DIVING TO A ST
ADDITIONAL SPACE FOR FURTH	IER STATEMENTS BY PHYSICIAN
To auchousalion to change	dale A bestle see berthecet
Tiled 7/18/136. a.B.	/
-U	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT-RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	In the Company Mentes. 37-8
County Andereck Wills	Registration Dist. No.
Village or City 20 miles will	No. The deside City Debits Ward
	death occurred in a horpital or institution, given's NAME instead of street and number) ds. How long in U.S. if of foraign wirth? ds. mos. ds.
2. FULL NAME MX VIVILLE YBLOOKS.	(1)
	If U. S. Veteran specify WAR Thomas The U.S. Veteran Specify WAR
(a) Residence: No. May (Usual place of abode)	Ward. Ward. The furnished of the state of th
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) Harage Ch. Marage Ch.	21. DATE OF DEATH (Month) (Day) (Year)
5a. H married, widowed, or divorcad	, , , , , , , , , , , , , , , , , , , ,
CON MIES of March & Baker Black	22. HEREBY CERTIFY, That I attended dacaased from
6. DATE OF BIRTH (month, day, and year) May 14 - 1896	I last saw ham eliva on 7et 19 193 death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebova, at
40 9 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance ware as follows:
8. Trede, profassion, or perticular kind of work done, as SPINNER, Configuration SAWYER, BOOKKEPER, etc	-Cl-ford
9. Industry or business in which	short seandary 9
work was done, as SILK MILL, SAW MILL, BANK, etc	Deanier June 7 1/201
10. Data deceased last worked at this occupation (month end yeer)	J. J. J. Salar
In - 00	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	Tuna 7 Bladda
I 13. NAME M GREEK Blank	(Cul acione
13. NAME Goeff Black 14. BIRTHPLACE (city or town) PARTICLES	Neme of operation regulation & Drawing Deta of Febr 7.
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Maggin & Bygro	23. If deeth wes dua to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) JARRY Lavord (State or country)	Accident, suicide, or homicide?
2 2 1 1 D 1	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT Lives Aband Calasta (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place LL B. Basseley una Date Feb 21 st., 1937	Natura of injury
19. UNDERTAKER Malfride & Greeger (Address)	24. Was disease or injury In any way related to occupation of deceased? 25
20. FILED 20 - Fiel., 19.37. Dra J. W. Civilia. Registra.	(Signad) Eff Hugues M. D. (Address) Reselect Cuch
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
# 10 EAS V 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH
----------	-------	-----------------	----	-------

1698

1. PLACE OF DEATH	CERTIFICATE OF BEATT
4	82-0
County Dredereck)	Registration Dist. No.
Village or City When the Willewill	No. Celebra Des Cy Haspeland St., Ward death occurred in a hospital or institution, give it NAME instead of street and number)
Length of residence In city or town where death occurred _ S _yrs, mos.	
2. FULL NAME & durand m. Burras	If U. S. Veteran, specify WAR Mous
(a) Residence: No. 105 East Sefell (Usual place of abode) Fine 1	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (1937
5a. If married, widowed, or divorcad . O A	(month) (bay) (taat)
HUSBAND of Bertha Sharrer	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 27, 1878	I lest saw h aliva on Tale 9 1937: death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 100 m.
58 9 /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trada profession or particular	Date of onset
SAWYER, BODKKEEPER, etc. Mail Carrier	Hemephlagia 1934
kind of work dona, as SPINNER, Mail Carrier 8. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation) (month and this occupation (month and this occupation (month and this occupation) (month an	Peimay C
SAW MILL, BANK, etc	Cerebral homonrhage Centra
11. Total time (years) spent in this occupation (month and 2 year)	Duration: seven dayseo
÷ 2 · 1	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Stellerecke), (State or country)	
	adeno selerous 173 /
13. NAME Daniel Burras, 14. BIRTHPLACE (city or town) New yarks	
14. BIRTHPLACE (city or town) Mees garles (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autópsy?
15. MAIDEN NAME / Farliara Saulile	23. If death was due to external couses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Barbara Faulle 16. BIRTHPLACE (city or town) Burbells well (State or country)	Accident, suicide, or homicide?
(State of Commy)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mus halle durkas, (Address) I redericle mo.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place M. Olwel Clevellery Date Delv. 12 , 1937	Nature of injury
19. UNDERTAKER C. E. Cleise + for	24. Was disease or injury in any way related to occupation of dacaased?
(Address) I redereck, Med.	If so, specify
20. FILED 11 - Sely 19 AMley 1	(Signed) Bottom M. D.
Registrar.	(Address) Fraderick, Ind

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cau of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S. July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

e4s		

Dr 30 showers

V.S. No. 1

1. PLACE OF DEATH County & rederick	93-0 Paciatralian Dial No. 141
Village or City Brunswick	Registration Dist. No
Length of residanca in city or town whera death occurradyrsmos	ds. How long In U.S. if of foreign birth?yrsds
(a) Residence: No. (Usual place of abode)	St., Ward. If u. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrig the word) Manual	21. DATE OF DEATH (Month) (Day) (lear)
HUSBANO of Goral Wife of Staguett Campbell	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Nov. 4 / 1893 AGE Yaars Months Days If LESS than 1 day,hrs. ofhrs.	I last saw h eliva on place to have occurred on the data statad abova, at to have occurred on the data statad abova, at the principal CAUSE OF DEATH and related causes of Importance were as follows:
8. Treda, profassion, or particular kind of work done, as SPINNER, B40 RR SAWYER, BOOKKEEPER, atc	He had heart trouble _ Chronice anyo- carditis Devoation: not stated. anyo-
2. BIRTHPLACE (city or town) Vignia (Stata or country)	Other Contributory Canses of importance:
13. NAME albut Camptell 14. BIRTHPLACE (city or town) Viginia	Name of operation. Date of
1 (State of Country)	Whet test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME A CONSTILLA 16. BIRTHPLACE (city or town) Signical (Stata or country) 7. INFORMANT Allers Comptell	23. If daath wes due to extarnal causes (VIOLENCE) fill in also tha following: Accidant, suicida, or homicide?
(Address) 8. BURIAL, CREMATION, OR REMOVAL Place Lettersmille Oata 7 etc. 28, 1937	Manner of injury
9. UNDERTAKER C. T. ette + Son (Address) Brunswick, nd.	24. Was diseesa or injury in eny way ralated to occupation of decaased? If so, specify
20. FILED Feb 3t, 1937 Uses A. S. Andger. Registrar.	(Signed) M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as Arteriosclerosis	f death and related causes, follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial neph	ritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	MAR 9 1001	July 5, 1927	Peritonitis	3 days ago
	41 1 1 2 2 2 3	11.		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				I to the same of

-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

FOR BINDIN

MARGIN RESERVED

1.1	PLACE OF DEA	STATE C	OF MAR		CERTIFICATE	OF DEATH	1700
-	County 7	rederic	le win	him-the Dorbu	(210-111)	Registration Dist. No.	3
	Village or City	Freder	ick		No. Frederick	City Hospital	Ward
	Length of rasidence in	, ,		15	f death accurred in a harmital as insti-	tution, give its NAME instead of street	and number)
120		1/		artee -	- and the	of foreign birth?yrs	mosds.
2.	FULL NAME W. (a) Residence: No.) arcee	Abu. S. Veteran	, specify WAR	
	(a) Residence: No.	TT OCTT	(Usual place	of abode	St., Ward. Ward.	If nonresident give city or town	and State
	PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL	CERTIFICATE OF DEAT	Н
ma.		or or race hite	5. SINGLE, MAI OR DIVORCI	RRIED, WIOOWED, ED (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193 7
H	married, widowed, or divided by the second	vorced a Fresha	uer		22. I HEREB	Y CERTIFY, That I atter	nded decaasad from
c DAT	TE OF BIRTH (month, d	Ma	y 11, 1	899	I last saw han blive on	70612 10	3.7.; death is seid
7. AGE		Months 5	Days 2	if LESS than 1 day,hrs.	to have occurred on the date sta		, odatii is soid
UPAT	B. Trede, profession, or kind of work done SAWYER, BOOKKI 9. Industry or businass work was dona, as SAW MILL, BANK	in which SILK MILL,	uto Med	chanic	Hemotheran Hemotheran	I - Intra abo	Consumal 701
S G	D. Date deceased last w this occupation (m year)		11. Totai	tima (years) 18 ent in this cupation	Other Cantributory Causes of im-	outance.	13
12. B1	RTHPLACE (city or town (State or country)		Co. Yland		100	acidens	
	3. NAME J. P	. Cartee)				
HL 14	I. BIRTHPLACE (city or (State or country)		and		Name of operation What test confirmed diagnosis?	Oete Was there	of an autopsy?
프 15	5. MAIOEN NAME L	ola Hars	shman			auses (VIOLENCE) fiil In elso the folio	
MOTHER 19	6. BIRTHPLACE (city or (State or country)	town) Marz	land		Accidant, suicide, or homicide?	accident Date of injury	7-16-1303
	FORMANT Mr. (Address) 4 Je RIAL, CREMATION, OR	fferson	St. Fr	red. Md.	Specify whather injury occurred	(Specify city or town, county and in MOUSTRY, in HOME, or in PUBLIC ROUTE	d State) C, PLACE. # 240
10, 00	Piece Grossn	ickles (ebate Fel	16,19.37	Manner of injury _ Shall	sheld cher;	*
19. UN	DEBIONER	R. Etchi derick,	Md.	Son,	24. Was diseasa or injury in any if so, specify	way related to occupation of deceased	, no
20. FiL	EOLO Fel.	, 1937, Dr	est his	Curly Registrar.	(Signad)(Address)	Frederick	ws M.O

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 5 1997	:		
Other contributory causes of importance 3.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. J. No. 1

And the second s	OF MAR	YLAND—	CERTIFICATE OF DEATH	101
1. PLACE OF DEATH County Frederick			97)	3
Village or City Jefferson			Registration Dist, No. 1 St. No. 1 S	Word
	-		No. Tefferson, Md. St., death occurred in a horpital or institution, give its NAME instead of street and n	
Length of residence in city or town where				sds.
2. FULL NAME Mrs. Ada			if 2. S. Veteran, specify WAR_None	
(a) Residence: No. Jeffer	(Usual place		St. Ward If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARI	(write the word)	21. DATE OF DEATH February 4, (Month) (Day)	, 193.7 (Year)
5a. If married, widowed, or divorced HUSBAND of George W.	Corun		22. I HEREBY CERTIEY, Thet I attended of	deceased from
6. DATE OF BIRTH (month, day, and year)	ebruary	19, 1866	I last sew h. er alive on Fuh. 4 1977	; deeth is seld
7. AGE Years Months	Oays	If LESS than I day,hrs.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
deline deline	15	ormin,	were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, H SAWYER, BOOKKEEPER, etc.	ouse: Wor	k	Sendo Alemando	1437
9. Industry or business in which work was done, as SILK MILL,	t. Home		mal nutution	1936
kind of work done, as SPINNER, H SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased lest worked at this occumulog month and 33	11. Total ti	me (years) at In this 50		
12. BIRTHPLACE (city or town)	and		Other Contributory Causes of Importance:	1935
🖺 13. NAME Hiram J. Smi	th			
13. NAME HITAM J. SMI 14. BIRTHPLACE (city or town) (State or country)	d.		Neme of operation	utopsy? 210
15. MAIDEN NAME AMORICA	Rhoads		23, If death was due to externel causes (VIOLENCE) fill in also the following	:
15. MAIDEN NAME America 16. BIRTHPLACE (city or town) (State or country) Har	yland		Accident, sulcide, or homicide? Dete of injury. Where dld injury occur?	
17. INFORMANT Mr. George W (Address) Jefferson,	. Corun	L	(Specify city or town, county and Stat Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL M	t. Olive	t Cem.	Menner of injury	
19. UNDERTAKER M. R. Etchi (Address) Frederick,	son & Sc Maryland		24. Wes disease or injury in any way related to occupation of deceased?	20
20. FILED Fel., 1937. Dr	a fim	Curdy	(Signed) a. Lachot Grace	M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsmoye, Reggesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH pluods County Registration Dist. No. Village or City (Il death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in cite or town where death occurred PHYSI (Usual place of abode) If nonresident give eity or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7 7. AGE If LESS than Years Months Days to have occurred on the date stated above, at ____ I day,hrs. 82 The PRINCIPAL CAUSE OF DEATH and related causes of Importance 2-20 or min. Date of enset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... OCCUPAT 9. Industry or business In which may should work was done, as SILK MILL SAW MILL, BANK, etc..... 11. Total time (years) 10. Date deceased last worked et this occupation (month end spant in this that occupation __ 4 instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHELACE (city or town). Name of operation. plain (State or country) carefully MOTHER 15. MAIOEN NAME important. in 23. If death wes due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, plnoy 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE ination LION 24. Was disease or Injury In any way related to occupation of deceased? If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

BINDI

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUPERU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Ŷ ⁶	
The same of the sa		

STREET SEAFORD

1. PLACE OF County 7 Village or Ci

Langth of resid

PERSON

2. FULL NAM (a) Residence

6. DATE OF BIRTH (r

8. Trade, profess kind of w SAWYER,

9. industry or b work was SAW MILL

10. Date decease this occup

3. SEX

STATE OF MARYLAND	CERTIFICATE OF DEATH 1703
DEATH	95-20
ederick	Registration Dist. No.
y Brunswick	No
ence In city or town where death occurred 3.7 yrsmos.	
TE Jacob Henry Dagenheart	If U. S. Veteran, specify WAR
e: No. 415 1. Maple Circ. (Usual place of abode)	St., Ward. If nonresident give city or town and State
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write tha word)	21. DATE OF DEATH Jebruary /8 1937 (Month) (Day) (Yeer)
d, or divorced Lenatte Treve Mulleds	22. I HEREBY CERTIFY, That I attended deceased from 4. 18. 19.37. to 4. 18. 19.37.
nonth, day, and year) Nov. 4 1873	I last saw h Lies aliva on Jef. 18 1937; death is said
Months Days If LESS than 1 day,hrs.	to heve occurred on the date steted above, at
ion, or particular ork done, as SPINNER, BYB Case BOOKKEEPER, etc.	Longerteve skarklartura of 1 497
usiness in which dona, as SiLK Mill, BANK, etc	/ rebray
d last worked at ation (month and 1227 11. Total time (years) 35% spent in this occupation	
Maryland	Other Coutributory Causes of Importance:

Whara did Injury occur?_____.

Menner of Injury

year) __ 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) Nama of operation (State or country) 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Dete of injury______ 19____ 16. BIRTHPLACE (city or town). (State or country)

17. INFORMANT (Address) CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Registrar.

Nature of Injury

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

24. Was disease or miury in any way ralated to occupation of decaased? If so, specify

(Address)

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

000

FATHER

MOTHER

10. Oate deceased last worked at

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

12. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

13. NAME

17. INFORMANT

19. UNDERTAKER

(Address) 18. BURIAL, CREMATION

this occupation (month and

state

-WRITE PL

B

County County	Registration Dist. No. 14/
Village or City / Sunswell	NoSt.,Ward
Length of residence in city or town where doubt occurred yrs. mo 2. FULL NAME INTERMEDIATE 2. FULL NAME	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos,ds WML
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) wtFE of	22. HEREBY CERTIFY That I aftended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 2 /937	I last saw hour alive on Hele 2, 19 2 Li death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Date of onest
9. Industry or business in which work was done, as SILK MILL,	1 and the

11. Total time (years) spant in this

ocaupation

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____

What test confirmed diagnosis?.

Where did Injury occur?_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury Nature of Injury

If so, specify

(Signed). (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V-8	i		
Other contributory causes of importance:	THE	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state N. B.—WRITE PLANKLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. FOR BINDIN MARGIN RESERVED

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-20
County Frederick	Registration Dist. No. / 🔾
Village or City Rear Frederich Port	42 No. New Design Road St., Ward
Length of residence in city or town where death occurred 66 yrs. 11 mos	death occurred in a horpital or institution, give its NAME instead of street and number)
04. 0 . 10 -	this to
2. FULL NAME clear dans of de	rughlast U. S. Veltra, specify WAR not a weller
(a) Residence: No. The dening Monte # 2 (Vousiplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(OF) MIFE of Minnig Me Grew	22. HEREBY CERTIFY, That I attended deceased from
11 1970	() 7.1
6. DATE OF BIRTH (month, day, and year) July 18 0 7. AGE Years Months Days If LESS than	I last saw h Lar elive on followers, 1932; death is sale to have occurred on the date stated above, at 11:30 P. m.
// // / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and separating this separa	arteris selvatie heart derlace 1957
9. Industry or business in which work was done as SILK MILL. Farmer.	mesalardial gailure 1-28.37
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) The Clerical (State or country)	
13. NAME Elias D. De Laughler 14. BIRTHPLACE (city or town) Middlelong	
14. BIRTHPLACE (city or town) Maddle Com (State or country) Many for S	Name of operation Date of
	What test confirmed diagnosis?
22 .00	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
2 2004	Where did Injury occur? (Specify city or town, county and State)
(Address) The denich	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Int. Oliver Com. Oate 2/4/37,19	Nature of Injury
19 UNDERTAKER Harry E. Carty Go	24. Wes disease or injury in any way related to occupation of deceased? 200
(Address) I fudench and	If so, spocify
20 5115B 3- 510 h. 1031 87 1 5 h. CC.	(Signed) Charles N. Carelly). M. C
20. FILED Registrar.	(Address) Buckeystamy and
If more blanks and needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			1804 =
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
					3	15.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

- 4	27	13	1	4	
- 1	1	81	2	5	
	- 6	V	1	1	

1. PLACE OF DEATH	(2:0)
County Faldens !	Registration Dist. No.
'/ 1	No. St., Wall feath occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long In U.S. if of foraign birth? yrs. mos. d
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OB-DIVORCED (write the wgrd) ORDIVORCED (write the wgrd)	21. DATE OF DEATH (Honth) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Rachael Lare	22. A I HEREBY CERTIFY. Thet I mendad daceased from 1937 to 1866 5 19
6. DATE OF BIRTH (month, day, and year) July 27 1863	I last saw h. Le alive on By el 12, 1927; death is si
7. AGE Years Months Days If LESS than	to heve occurred on the date stated abova, at 945 Pm.
73 6 18 1 day,hrs	war as follows
8 Trada profession or particular	Data of one
kind of work dona, as SPINNER, Labore	- Cunkiel Nous orriago Hell
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last, worked at this occupantion months and	Coroer
SAW MILL, BANK, atc.	(/
ting occupation (digitaling) 44 4 1 1 about in this	
12. BIRTHPLACE (city or town) (Stata or country)	Other Contributary Cancer of importance:
13. NAME Just Dinterman 14. BIRTHPLACE (City or town) Just	
14. BIRTHPLACE (city or town)	Name of operation Plue Deta of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Telizabeth Coin	23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Telizabeth Cain 16. BIRTHPLACE (city or town) July (State or country)	Accident, suicida, or homicide? Date of Injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT mo & m Durtuman (Address) Sommswick and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MA Plint Frederick City med Data Feb 18 , 1977	Manner of Injury
19. UNDERTAKER ATT 22 12 9 500 (Address) Dominsuick Med	24. Wes disease or Injury in any way related to occupation of deceased?
20. FILED Feb/4 , 1937 aus H.S. Latedy of Registrar.	(Signed) Reliance Shungoffer (Addrass) And Market (Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Y
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	May 1,1923 Gastroenteritis	1 year
			• 🗤

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1707
Village or City State Sanatorium, Md.	Registration Dist. No. 139
2. FULL NAME Adolphena C. Dustin.	
(a) Residence: No. Parkland Prince Georg (Usual place of abode)	e SCO. Ward. Maryland. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH February 16 , 193 7 (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Joseph Alfred Dustin 6. DATE OF BIRTH (month, day, end year) Oct. 26 1901	22. I HEREBY CERTIFY, That I attanded deceased from July 1 19 36, to Feb. 16 19 37 Hast saw h. er elive on Feb. 16 19 37 death is said
7. AGE Yaars Months Deys If LESS than 1 day,	to have occurred on the date stated above, at 10.50 mP. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc HOUSEWIFE 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and social in this content in this cont	Pulmonary Tuberculosis Mar.
year) May 1936 occupation 8 Yrs 12. BIRTHPLACE (city or town) Russia	Other Contributory Causes of Importanca:
13. NAME Julius Daniel Gottlied 14. BIRTHPLACE (city or town) (State pr country) Russia	Name of operation none pos Sputume of

MOTHER 16. BIRTHPLACE (city or town) (State or country) Russia C. Dustin 17. INFORMANT Parkland 18. BURIAL, CREMATION, OR REMOVAL P G.Co. Md. 1s, Data Unknown, 19

15. MAIDEN NAME

19. UNDERTAKER

(Addrass)

Alida Walter

Thurmont

Registrar.

24. Was disease or injury in any way ralated to occupation of dacassad? If so, specify

23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.

Accident, suicide, or homicide?____

Where did injury occur?____

Manner of injury Nature of Injury.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II .	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAD	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: S. Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1 N. B.—

1. PLACE OF DEATH County, Lackelland Bourses, 1980 Village or City	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1708
Village or City	1. PLACE OF DEATH	(00.00
Ciff death occurred in a horpistal or institution, give at NAME intended staret and number) 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No.	County trederick,	Registration Dist. No. 136
2. FULL NAME Color of Residence in city or town where death occurred 11 U. S. Veteran, specify WAR 12	Village or City Near Frederics	
2. FULL NAME It claims of abody St., Ward. (a) Residence: No.		
(3) Residence: No.	The III.	b.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE 5. SINCLE, MARRID, WIDOWED, OR DIVORCED (curing the wigh) 4. DATE OF DEATH 193 3. LI married, widowed, or principal MUSBAND of (Part) 4. DATE OF BIRTH (month, day, and year) A DA		
3. SEX		
Sa. If married, wildowed, profescread HUSSAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day. Days If LESS than If LES shan If LESS than If LES shan If	PERSONAL AND STATISTICAL PARTICULARS	
59. If married, vidowed, or divorced HUSBAND or HUSBAND	OR DIVORCED (write the word)	193
6. DATE OF BIRTH (month, day, and year) March 22 / 867 7. AGE Years Months Days If LESS than 1 day	5a. If married, widowed, or Avorced	
6. DATE OF BIRTH (month, day, and year) March 32 / 867 7. AGE Years Months Days If LESS than 1 day,	(or) WIFE of James Momen	11.10.15
TAGE Years Months Days If LESS than 1 day	m. 121 1817	X X X X X X X X X X X X X X X X X X X
8. Trade, profession, or particular kind of work dome, as SPINNER, Farmer Little SAW Mill. BANK, etc. 10. Date deceased lest worked at this occupation (month and year) cocupation work (State or country) 11. Total time (years) spent in this occupation (month and year) cocupation (month and year) spent in this occupation (state or country) 12. BIRTHPLACE (city or town) State (State or country) 13. NAME MAIDEN NAME Maintenance (State or country) 14. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury (Specify city or town, country and State) 15. MRTHPLACE (city or town) Date Tith 1937 18. BURIAL, CREMATION, OR REMOVAL Place (Markess) Manner of injury (Specify city or town, country and State) 19. UNDERTAKER Accident, suicide, or homicide? Specify or town, country and State) 19. UNDERTAKER Accident, suicide, or homicide? Specify or town, country and State) 19. UNDERTAKER Accidents (Markess) Manner of injury (Specify or town, country and State) 19. UNDERTAKER Accidents (Markess) Manner of injury (Signed) Manner of injury (Signed) M. D. Accidents (Address) Manner of injury (Manner of injury		\\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BONKEPER, etc. SAWER, BONKEPER, etc. To. Date deceased lest worked at this occupation (month and year) spent in this occupation (month and year). 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME AMDEN NAME AMDEN ACIDENT STATES ACIDENT ST	10 10 37 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Sind of work done, as SFINNER, farmer with the STAMPER BORKEEPER, etc. 12. BIRTHPLACE (city or town) (State or country) 13. NAME	8 Teade profession or particular	were as follows:
9. Industry or business in which work was done, as SILK MILL, BANK, etc. 170. Date deceased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL CREMATION, OR REMOVAL (Place Country) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date of Manager of importance: 11. Total time (years) spent in this soccupation. Other Contributory Causes of importance:	kind of work done, es SPINNER, To a conde	Chines Myn Water
SAW MILL, BANK, etc. TO. Date deceased lest worked at this occupation month and year) It his occupation (month and year) State or country) What test confirmed diagnosis? Specify city or town, county and Shate) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. To Information of Injury Neture of injury N	9. Industry or business in which	
this occupation (month and year) spent in this occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 10. FILED 10. FILED 10. Specify 10. Specify 11. Specify 12. BIRTHPLACE (city or town) (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Specify (Signed) M. D. (Address)	SAW MILL, BANK, etc	O .
Other Contributory Causes of importance: Other Contributory Causes of i	Oh this occupation (month and /// 20 spent in this 2	
(State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. O. FILED 19. The place of country 19. O. FILED 10. State or country Name of operation What test confirmed diegnosis? Was there an autopsy? What test confirmed diegnosis? What test confirmed diegnosis? Was there an autopsy? What test confirmed diegnosis? Wha	1/2 22 22 22 10 0	Other Contributory Causes of importance;
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Orleans (Address) 19. UNDERTAKER (Address) 20. FILED 10. FILED 10. FILED 11. Dete of injury (Specify city or town, country and State) 18. Specify (Specify city or town, country and State) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. (Specify city or town, country and State) 19. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 19. (Signed) 19. (Signed) 19. (Address) 10. (Address) 10. (Address) 11. (Address) 12. (Address) 13. NAME (Address) 14. BIRTHPLACE (city or town) (State or country) 15. Maiden of operation. 16. What test confirmed diegnosis? Was there an autopsy? What test confirmed diegnosis?		
What test confirmed diegnosis? Was there an autopsy? Accident, suicide, or homicide? Dete of injury Nerre did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER Accident, 1957? Occurred in Industry in any way related to occupation of deceased? If so, specify (Signed) M. D. Resistrar. (Address) M. D. Resistrar. (Address)		
What test confirmed diegnosis? Was there an autopsy? Accident, suicide, or homicide? Dete of injury Nerre did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER Accident, 1957? Occurred in Industry in any way related to occupation of deceased? If so, specify (Signed) M. D. Resistrar. (Address) M. D. Resistrar. (Address)		Name of a section
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. O. Jeweling 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury Where did Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER 19. O. Jeweling 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. Registrar. (Address)		1/2
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, GREMATION, OR REMOVAL Place Orleans (Address) 19. UNDERTAKER (Address)	15. MAIDEN NAME Jamusel Adolates	
(State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) BURIAL, CREMATION, OR REMOVAL Place Orlean Date Tele. 17., 19.37 Neture of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. Registrar. (Address)	I AC PIDTUDI ACT (city and act)	
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. Registrar. (Address)		
(Address) Fredericks Md. (RPA) 18. BURIAL, CREMATION, OR REMOVAL Place Isla glistour Date. Fish. 17., 1937 Neture of injury. 19. UNDERTAKER Ask (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. Registrar. (Address)	IT INFORMANT MAD W= COMMON	(Specify city or town, county and State)
Place Isla gliston Date. Isla. 17., 1937 Neture of injury 19. UNDERTAKER And Control of Companion of Deceased? (Address) 15. 0. 1937 (Signed) (Address) (Address) (Address) (Address)		
19. UNDERTAKER The Celastic San (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)		Manner of injury
20. FILED 7- Tele, 1937. 3. S. Hendrickson (Signed)	Place Islagusloun Date Ilh. 17, 1957	Neture of injury
20. FILED 7 - Feh, 1937. G. J. Hendrickson (Signed) (Address) M. D. (Address) (Address)		
	20. FILED 7 - Freh, 1937. J. J. Hendrickson	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	23 1937	-
		Ī

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

V. S. No. 1

Length of residence in city or lown where death occurred	STATE OF MARYL 1. PLACE OF DEATH County Frederick within the Corporate Village or City Frederick	A Driver	Registration Dist. No. 1701 No. 806 No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 806 Trail Ave (Unuspiace states) (Unuspiace s	Length of residence in city or town where death occurred		
3. SEX female white shifts and the word white word white word white word white word white word husband of Benjamin D. Fireved 5. If married, widowed, or divorced Husband or Benjamin D. Fireved 6. DATE OF BIRTH (month, dey, and year) Nov. 4, 1869 7. AGE Yers Months Days If LESS than I day. hrs. or. min. 8. Trade, profession, or perficular kind of work done, as SPINNER, HOUSewife SIK MILL, SAW MILL, BANK, etc. 10. Determine were as 16 follows? 10. Determine were as 16 follows? 11. Total time (yeers) spaning that AS occupation months and 12/36 II. Total time (yeers) spaning that AS occupation months and 12/36 occupation. 12. BIRTHPLACE (city or town) Balto. (State or country) 13. NAME Charles H. Kline 14. BIRTHPLACE (city or fown) Germany (State or country) 15. BIRTHPLACE (city or fown) Germany (State or country) 16. BIRTHPLACE (city or fown) Germany (State or country) 17. INFORMANT Mrs. Catherine Fox. (Address§) G. Trail Aye., Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL Baltimore Tourdow Parals Come. Feb. 10 . 25	(a) Residence: Np. 806 Trail Ave	oo heder	St., Ward. Baltimore, Md.
Se. If merried, widowed, or divorced HUSBAND of Control	PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of Benjamin D. Firoved 6. Date of Birth (month, dey, and year) Nov. 4, 1869 7. AGE Yeers Months Days ITLESS than 1 day, hrs. of min. 8. Trade, procession, or perticular kind of work done, as SPINER, HOUSEWISE SWAYER, BOKKEPER, etc. work wes done, as SPINER, HOUSEWISE SWAYER, BOKKEPER, etc. work wes done, as SPINER, HOUSEWISE SPINER, HOUSEWIS	OP BIVORCED (CO	, WIDOWED,	Feb. 8th., 193 7
6. DATE OF BIRTH (month, dey, and year) 7. AGE Yeers Months Days If LESS than 1 day,	5a. If married, widowed, or divorced HUSBAND of Benjamin D. Fireved (or) WIFE of Benjamin D.		22. I HEREBY CERTIFY, That I attended decessed from February 3th 1937 to February, 6th 1937
7. AGE 6 Yeers 6 Pays 1 Less than 1 day,brs. ormin. 8. Trade, profession, or perticular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SI K MILL, SAW MILL, BANK, etc. 10. Deta decessed lest worked et this occupation (month and 12/36 11. Total time (yeers) spanl in this 45 occupation. 12. BIRTHPLACE (city or town) (State or country) Md. 13. NAME Charles H. Kline 14. BIRTHPLACE (city or town) (Stete or country) Most decessed lest worked et this occupation (month and 12/36 12/36 13. NAME Charles H. Kline 15. Maiden NAME Dobthea E. Syple 16. BIRTHPLACE (city or town). (State or country) Mrs. Catherine Fox. (Address 6 Trail Ave., Frederick, Md 18. BURIAL, GREMATION, OR REMOVAL Baltimore Manner of injury.	6 DATE OF RIRTH (month dev and year) NOV. 4, 186	9	Hest saw h. 4.5 alive on February, 674 1987 death is said
8. Frade, profession, or perticular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEPER, etc. 9. Industry or business in which work were done, as SPINNER, etc. 10. Deta decessed lest worked et this occupation (month and pearly country) 12. BIRTHPLACE (city or town) 13. NAME Charles H. Kline 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME Dobthea E. Syple 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, GREMATION, OR REMOVAL BERTIAL, GREMATION, OR REMOVAL BERTIAL, GREMATION, OR REMOVAL BERTIAL, GREMATION, OR REMOVAL BALLIMOTE Manner of injury	7. AGE Yeers Months Days	If LESS than day,hrs.	to have occurred on the dete stated above, et/1.5.2.ps.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Deta decessed lest worked et this occupation (month and year)	8 Trade profession or perticular		The state of the s
Other Coatributory Causes of Importance:	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
12. BIRTHPLACE (city or town) Balto e (State or country) Md. e 13. NAME Charles H. Kline 14. BIRTHPLACE (city or town) Germany (Stete or country) What test confirmed diagnosis? Wes there en autopsy? What test confirmed diagnosis? Wes there en autopsy? What test confirmed diagnosis? Date of Injury 19. 15. MAIDEN NAME Dorthea E. Syple 16. BIRTHPLACE (city or town) Germany (State or country) Accident, suicide, or homicide? Date of Injury 19. 17. INFORMANT Mrs. Catherine Foxe (Address) O6 Trail Ave., Frederick, Md 18. BURIAL, CREMATION, OR REMOVAL Baltimore Manner of injury	- I this coodpation (month and	this 45	
What test confirmed diagnosis? Wes there en autopsy? Mest test confirmed diagnosis? West test test confirmed diagnosis?	12. BIRTHPLACE (city or town) Balto. (State or country) Md.		Other Contributory Causes of Importance:
What test confirmed diagnosis? Wes there en autopsy? Mest there is on the following: 15. MAIDEN NAME Dotthea E. Syple 16. BIRTHPLACE (city or town) Germany (State or country) 17. INFORMANT Mrs. Catherine Fox. (Address) 06 Trail Ave. Frederick, Md 18. BURIAL, CREMATION, OR REMOVAL Baltimore Touldon Parks Comp. Feb. 10	13. NAME Charles H. Kline		
Whet test confirmed diagnosis? Wes there en autopsy? Mest there on autopsy? Mest there on autopsy? Mest there on autopsy? Mest there on autopsy? Mest test confirmed diagnosis? West test confirmed diagnosis?	14. BIRTHPLACE (city or town) Germany		Name of operation
(Specify city or town, county and State) 17. INFORMANT Mrs. Catherine Fox. (Address 806 Trail Ave. Frederick, Md) 18. BURIAL, CREMATION, OR REMOVAL Baltimore Touldon Pank Comp. Feb. 10	(State of country)		Whet test confirmed diagnosis?
(Specify city or town, county and State) 17. INFORMANT Mrs. Catherine Fox. (Address) O6 Trail Ave. Frederick, Md 18. BURIAL, CREMATION, OR REMOVAL Baltimore Touldon Park Comp. Feb. 10	15. MAIDEN NAME Dotthea E. Syple		23. If deeth was due to externel causes (VIOL ENCE) fill in elso the following:
17. INFORMANT Mrs. Catherine Fox. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address 806 Trail Ave., Frederick, Md 18. BURIAL, CREMATION, OR REMOVAL Baltimore Touldon Park Comp. Feb. 10 37	- (State of County)		Where dld injury occur?
18. BURIAL, CREMATION, OR REMOVAL Baltimore Manner of injury Manner of injury	(Address) 06 Trail Ave. Freder	ick,Md	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Nature of Injury	18. BURIAL, CREMATION, OR REMOVAL Baltimor Plece Loudon Park Cempete Feb. 1	e	Manner of injury
19. UNDERTAKER I. Few McCulley, (Address) Baltimore, Md. 24. Was disease or injury in any very releted to occuration of deceesed? The liftso, specify	19. UNDERTAKER I. Few McCulley, (Address) Baltimore, Md.		24. Was disease or Injury Ip any vey releted to occupation of decessed?
20. FILED? - Sely, 127 SMilenely (Signed) Deleviel M. D. (Address) Rederick Ind.	7.50 1 mm10	Registrar.	(Signed) An M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		į.	Example II	
The principal cause of death and related ca of importance were as follows:	uses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	16	1921	Run over by street car	1 week ago
Cerebral hemorrhage	11	July 5,1927	Peritonitis	3 days ago
	11			
Other contributory causes of importance:	1		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
i			100	

ADDITIONAL SPACE FOR I	URTHER STATEMENTS BY PHYSICIAN
	17 1927
	.8/

V. S. No. 1

1. PLACE OF DEATH	(3) (2)
County Foldrick	Registration Dist, No. 134
Village or City Mear Error Churc	Md. No St War
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where deeth occurred 3.5	mosds. How long In U.S. if of foreign birth?yrs,mos,d
2. FULL NAME Connel Masil F.	Varland If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
F. M. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDO OR DIVORCED (write that	
I. If marriad, widowad, or divorced	
(or) WIFE of William Flarence	22. HEREBY CERTIFY. Thet I attended deceased fro
0 × 11 1052	l last saw har alive on False 20 1937 deeth is se
DATE OF BIRTH (month, day, and yaer)	
C. I day,	
84 4 9 or	nin. ware as follows: Data of one
8. Trede, profassion, or particular kind of work done, as SPINNER,	Mine myremous 115%
9. Industry or business In which	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	-4
10. Date decessed last worked at 11. Total time (yaers)	/ _
this occupation (month end /// spent in this occupation	90
1- 11. P D	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) - Landles Ga ful (State or country)	a sound fall
1 1 1 1 1	
Commission / Coperotor	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
1 July 10 Carlo	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME unbrogen	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
INFORMANT Leveral & lorenel	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Emmally May	
B. BURIAL, CREMATION, OR REMOVAL Place Community Date Left 25	Manner of injury
Place driving bate felt au.	1907 - Nature of injury.
9. UNDERTAKER S. S. SLILLIENE	24. Was disease or Injury In any way related to occupation of deceased? 20
(Addrass) Emmilipura Md.	If so, spacify 1-1-1-1
SUSTE OF 2410 Moto Shall	(Signed) Totallman M.
J. FILLUTZIA	0 -1

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 2 1937	,		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1712
1. PLACE OF DEATH	(940)
County Trederick	Registration Dist. No. / 3.3
Village or City Attaghland, Mr. My erson	Mo. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long In U.S. if of foraign birth?yrsmosds
2. FULL NAME O ordelia M	al Gaver
(a) Residence: No. P.O. Mayers	F. P. Tark 9. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemah White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Toat)
a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Perome 6. Have	22. JUHEREBY CERTIFY, That I attended dacaased from the following states of the state of the sta
DATE OF BIRTH (pronth, day, and year) May 23/876	I last saw h. QA allva on de 10 1937; daath is sa
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8 Trada profession or particular	e Migua Tectoris The
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Dato daceased last worked et 11. Total tima (yeers)	
10. Dato daceased last worked et this occupation (month and 2 - 10 - 37 spent in this year)	Othar Contributory Canses of importanca:
2. BIRTHPLACE (city or town) Ma: Oller for Gack (State or country) Many land Fred Co.	Octor Controller Canada of Importance.
13. NAME Cisto Harshma 14. BIRTHPLACE (city or town) M. Ellertan (State or country)	,
14. BIRTHPLACE (city or town) M. Ellerton (State or country)	Name of operation Date of Date of
2	Whet tast confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) Manual and	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide?
7. INFORMANT Men. Salph Finshour (Address) Mush mila, mil	Where did injury occur?
8. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
rolling Change Oats Jef 1.3, 192/	Natura of injury
9. UNDERTAKER Dittle Byos (Addrass) mykasville, ma.	24. Was disaasa or injury in any way related to occupation of dacaased? 200
10. FILED Feb. 12, 1937 Charles L. Leathering	(Signad) JEhres Harp M. M. (Address) Wind Metall tous Mr.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows: **Teriosclerosis** **Teri	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NI DENT V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and the same of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied.

V. S. No. 1

1.	PLACE OI			JF MAI	RYLAND—	CERTIFICATE OF DEATH	113
	County Frederick					Registration Dist. No.	2
	Village or C	ity Jef	ferson		G (If	No. Jefferson St., death occurred in a horpital or institution, give its NAME instead of street and n	Ward
	Langth of rasi	danca in city	or town whera	death occurrad	yrsmos		sds.
2.	FULL NAI				derick Gro	ve, Jr if U.S. V- ARR, specify WAR No ne	
	(a) Residen	ce: No	Jeffer		ace of abode) rele	St., Ward. I nonresident give city or town and	State
	PERSON	AL AND	STATIST	ICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	x ale	4. COLOR			ARRIED, WIDOWED, CED (purite the word)	21. DATE OF DEATH Pebruary 1st.,	, 193
5a. If	married, widow	ad, or divorce	d				
	HUSBAND of (or) WIFE of	Mamie	Heffn	ner		22. I HEREBY CERTIFY, That I attended	decaased from
4 24	TE OF BIRTH		T.	INKUOWN		Hast saw h im Talve and Feb 1. 1937	, 19 : death is said
7. AG	TE OF BIRTH (Months	Deys	If LESS than	to have occurred on the date stated above, e8. • 55A.m.	, douth 13 3010
	5.	4 ?			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NO	8. Trade, profes	ssion, or part	icular SPINNER,	arpent		Hemorrhage (Gun shot wound in Fight temple bullet came d	Date of offast
UPAT	kind of work done, as SPINNER, Carpenter SAWYER, BOOKKEEPER, atc. 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data dacasasd last worked at 1/37 11. Total time (years) 25 this occupation (month and					out Grown 3 ins. above temple	2/1/3
00	this occur	ad last worke petion (month	d at $1/3$	517 11. Tot	nl tima (yaars) 25 spent in this occupation	over heart	XIXIX
12. B	BIRTHPLACE (cil	ty or town)	Naryla	and		Other Contributory Causes of Importance:	
2	13. NAME G	reenb	erry E	Grov	e Sr.		-
FATHER	14. BIRTHPLACE (State or)Mary	<u>land</u>		Name of operation	
ER	15. MAIDEN NA	ME Bl	izabet	h Maho	ney	23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (Stata or	(city or town	_{n Mary}	Land		Accident, suicida, or homicide? Suicide Date of injury 2/1 Where did injury occur? Infferson, Md.	,1937
17. 11	NFORMANT		ndolph erick	Grove	•	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. B	Place Tef		1 1 1	Luthera Oate Fo	n Cem b. 3 , 1937	Manner of Injury Gun shot wound self inf Nature of Injury Gun shot wounds (Heroty	licte
19. U		M. R. Frede		ison & Md	Son	24. Was disease or injury in any way related to occupation of decaased?	no
20. F	ILEO 2- S	eh., 19	37. Di	afin	Curdya.	(Signed) Q. Jackoy Druce (Address) Jefferson, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 5 133	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
And the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSTGIANS should state AD. Every item of infor-Exact statement of OCCUPA. LY, WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. FOR BINDIN See instructions on back of certificate. MARGIN RESERVED pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B. WRITE PLA

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. 1	PLACE OF DEA				(73)	
	County Frede				Registration Dist. No. 12	
	Village or City	leiterso	n	(H	No. Jefferson St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of toralgn birth?yrsmosds.	
	FULL NAME					
2. 1	(a) Residence: No.			٥	St., Ward If nonresident give city or town and State	
	PERSONAL AL	ND STATIST		- Lune	MEDICAL CERTIFICATE OF DEATH	
3. SEX		OR OR RACE	5. SINGLE, MAR OR DIVORCES marrie	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH Rebruary 1st., 193 7 (Month) (Day) (Year)	
H	married, widowad, or div IUSBAND of Gre or) WIFE ot	vorced		N-W-V-III-	22. I HEREBY CERTIFY, That I attended deceased from Called 2/1 ,19 37, to	
6. DA1	TE OF BIRTH (month, d	av. and veer)	ec. 1, 1	.895	I last saw her Dive and Febe 1, 1937; death is said	
7. AGE		Months 3	Days	If LESS than 1 day,hrs. ormin.	THE FRINCIPAL CAUSE OF DEATH and related causes of importance	
& Trade protession or particular					Hemorrhage (Gun shot wound under chin, bullet lodged in	
	9. Industry or business work was dona, as SAW MILL, BANK	in which		••••••	base of skull and gun shot wound through neck bullet	
	10. Date deceased last worked at 2/37 II. Total time (years) 16 spent in this occupation (month and year)				passed through jugular vein) 2/1/3	
12. BI	RTHPLACE (city or town (State or country)	, Karylaı	nd	••••••	Other Coutributory Causes of Importance:	
¥ 13	3. NAME ELM	er U. He	effner .	311.		
FATHER	4. BIRTHPLACE (city or (State or country)	town)	yland		Nama of operation none Date of What test confirmed diagnosis? Was there an au'opsy? no	
15	5. MAIDEN NAME F	lorence	Sulcer		23. It death was due to external causas (VIOLENCE) fill in also tha following:	
MO HE	6. BIRTHPLACE (city or (State or country)	town)	ryland.		Accident, suicide, or homicide? Murder Date of Injury 2/1, 19.37 Where did Injury occur? In home, Jefferson, Md.	
17. IN	FORMANT Pro	WM. Cli derick,			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Home. wife; _ (separated)	
18. BU	Place Jeffer	son, Md.	Luthera Date Feb		Manner of Injury Shot by her husband Nature of Injury Gun shot wounds (Hemornhage)	
19. UN		Etchiso derick.			24. Was disease or injury in any way related to occupation of dacaesed? NO	
20. FI	LED 2. Tah.	.1937. Dra	Jhas a	Rigistrar.	(Signed) C. Jacket Ince M.D. (Addrass) Jefferson, Md.	
		If more	blanks are needed, a	ddress State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į!	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
primary to consider the constitution of			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(97)
County Frederick within the Coi DOI	Registration Dist. No. / 3/
Village or City Frederich	No. Frederich Cely Hospital Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
21.01. 1 1	ds. How long in U.S. it of foreign birth?mosds.
f .	If U. S. Veteron, specify WAR not a weller a
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO,	21. DATE OF DEATH F. 73.
male white widowed	(Month) (Oay) (Yeer)
5a. It married, widowed, or discreed HUSBANO of	
(a) WIEL of Sugan May Hardy	22. HEREBY CERTIFY That i ettended deceased from
6. DATE OF BIRTH (mooth, day, end yeer) May 24 1854	liest saw h 1222 elive on F. Lb : 2 3 , 19 37 ; deeth is seid
6. DATE OF BIRTH (mooth, day, end yeer) May 24 1837 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, et / o P. m.
82 8 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular Press, of 201, 1, Alexand	were as follows:
kind of work done, es SPINNER, Line Constitution SAWYER, BOOKKEEPER, etc.	house ditatation of hear 20-2.
kind of work done, es SPINNER. Long SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, Road Control of this cerupation (month and this cerupation (month and separation) this cerupation (month and separation) the separation (month and separation).	
SAW MILL, BANK, etc	
O 10. Dete deceased lest worked et this occupation (month and yeer) spent in this occupation	
n 1.77 .10	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	Arkenin politores 2
7-	000,000,000
B 1 - T : 10	Name of a section X /
14. BIRTHPLACE (city or town)	Neme of operation
W 15. MAIDEN NAME Sugar Varlage	23. If deeth was due to externel ceuses (VIOLENCE) fill In elso the Ioliowing:
15. MAIDEN NAME Sugar Varbae 16. BIRTHPLACE (city or town) Bushistane	Accident, suicide, or homicide? Date of Injury 19
(State or country) Many Land	Where did injury occur?
17. INFORMANT Pers. Charles Browing	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Ling Kilin Md.	
18. BURIAL, CREMATION, OR TEMPVAL 1. Bushupton, md.	Manner of injury
Plece Manar Cemelery Octe 2/ 26 , 1927	Nature of injury
19. UNDERTAKER Harry & Carty Co	24. Wes disease or injury in any way releted to occupetion of deceesage?
(Address) Forderich, Ind.	Il so, specify The The The state of the stat
20. FILEO 25 - Yell 1927 Smland	(Signed)
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitut nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1931	July 5,1927	Peritonitis	3 days ago
MUREAU Y. 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLA	AND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Frederack	Registration Dist. No.
Village or City Arederick m	ontains Emergency Naspertal War
	(If death occurred in a horpital of institution, give its NAME instead of street and number) mos. It. ds. How long in U.S. if of foreign birth? mos. d. d.
Length of residence in city or town where deeth occurredyrs.	mos. 24 .ds. How long in U.S. if of foreign birth?
2. FULL NAME 7/1/2. Jda Har	If U. S. Veteran, specify WAR Nul velclass
(a) Residence: No. MUCREMAN (Usual place of abode	Ma. St., Ward. Ockerson Monta Co. Ml. Troopresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W	VIDOWED, 21. DATE OF DEATH
Generala Willite OR DIVORCED Sprite	//
ie. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Seymour Harris	22. I HEREBY CERTIFY, Thet I attended deceased fro
71 26	10/4 Jan 23 193 f, to Fish 16 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If	LESS than to have occurred on the date steted above, at 3 a.m.
m. A. I am Ida	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	min. were as follows: Oate of one
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	orke Ta Grippe
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	ue -
10. Date deceased last worked et this occupation montrend 934 11. Total time (year) cocupetion	s'50.
Jean Jean Jean Jean Jean Jean Jean Jean	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Church	Clamic Inner Sites 1936
	1 Chrown Myserdilos 1/26
13. NAME Mere ditte Mc Clan	anu.
14. BIRTHPLACE (city or town)	Neme of operation
×	What test confirmed diagnosis? Was there an autopsyft.
15. MAIDEN NAME Jane Marriel	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city of town).	, Where did injury occur?
Mica allelater & Escapeance	(Specify city or town, county and State) [Note: The specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) for design Misager	7 Jygram power will be a second with the second with the second will be a second with the second wi
18. BURIAL, CREMATION, OR REMOVAL Family Bury	Menner of injury
Place Thurston Ma foate and	Nature of Injury
19. UNDERTAKER M. Reg Etchison V	24. Was disease or injury In any way related to occupation of deceased? 20
(Address) Frederiche My	If so, specify
20. FILEO 8 - Feb. 1937. Drs J. W. 4	M. (Signed) BOHLOS as M.
20.1120	Registrar. (Address) Hadersel, Vers
If more blanks are needed, address S	State Registrary 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAD 5, 1937				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
			- 3001	

FOR BINDIN

MARGIN RESERVED

B.

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	130
County Frederick within the Darporasi	Registration Dist. No. 12
Village or City Frederick	No. Trederick Carly Hospitals, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Nama alexander Han	If U. S. Veteran, specify WAR Come
(a) Residence: No. Wilming Lon De. (Usun) place of abodé)	P. St., Ward. William glass Baleway If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
female will will and	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benon: Harris	22. HEREBY CERTIFY, That t attended deceased from
6. DATE OF BIRTH (month, day, end year) Fel. 20 1858	19 2/10 / 25 / 2 / 37
6. DATE OF BIRTH (month, day, end year) 72 20 /8 3 8 7. AGE Years Months Days If LESS than	I last saw here elive on
78 11 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Crumy Chemissis Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month end year) 1837	
12. BIRTHPLACE (city or town) Ellaton	Other Contributory Causes of importance:
(State or country) Manyland	Chronic repetition
13. NAME Robert alexander	
13. NAME Robert alexander 14. BIRTHPLACE (city or town) Elklar (State or country) many land	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Reliesed Reynolds 16. BIRTHPLACE (city or town) Eller	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT. Mr. Raland Harris (Address) Waling to the O	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Ringer Williams ton Det Date 2/14 , 1937	Neture of injury
19 UNDERTAKER Herry P. Couch Com	24. Was disease or injury In any way related to occupation of deceased?
(Address) Fre blench I med.	If so, specify
20. FILED 2 Feb. 19 39. Deto I In Civile	(Signed) P.W. Saev M.D
Registrar. ((Address) + reluck wel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	F
The principal cause of death and related cau of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County		Freder	ick.		Registration Dist. No. 139	
	r City			ium, Md.	Np. St	Ward
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(1	death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of	residence in c	ity or town where o			3 ds. How long in U.S. if of foreign birth?yrsm	10sds
2. FULL N	NAME		m T. Ha			
(a) Resid	dence: No	3214 E	Lomba (Usual place	rd, St.	St., Ward. Baltimore Marylar If nonresident give city or town and	
	ONAL AN	ID STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male		hite	5. SINGLE, MAR OR DIVORCE	REED, WIDOWED, D (write the word) WC T	21. DATE OF DEATH February 17 (Month) (Day)	., 193.7 (Year)
5a. If married, will HUSBAND o	dowed, or div	orced				
(or) WIFE of Emma Harrod					22. I HEREBY CERTIFY, That I attended April 13 19 36, to Feb. 1"	
4 DATE OF SIDE			7	1007	I lest saw h im alive on Feb 17 19 3	
6. DATE OF BIRT 7. AGE	Years	Months	une 3	1883	to heve occurred on the date stated above, et 2.50 Pm. M.	.; death is said
	53	8	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
N. Trade nr	rofession, or p		1 72	ormin.	were as follows:	Data of onset
kind (SAWY	of work done	as SPINNER, EPER, etc	Firema	n. R.R.	Pulmonary Tuberculosis	Dec.
9. Industry	or business i was done, as	n which			I wanted a second a s	1935
SAW SAW	MILL, BANK,	etc	1			-19-55
O 1D. Date dec	cased last wo	otherd 193	5 11. Total t	ime (yeers) int in this upation 29 Yrs		
) year)			S 007	upation (2)	Other Contributory Causes of Importance:	
12. BIRTHPLACE)	Managa	and		
(State or o	country)		Maryl	and,		
13. NAME		John W.	Harrod			
1.		own)	Manzel	and	Neme of operation none pos Sputtern	•
(State	e or country)		Maryl	and,	What test confirmed diegnosis? Chest X-Ray Was there an	autopsy?_y_e:
15. MAIDEN	NAME	Laura	Hart.		23. If death was due to externel causes (VIOLENCE) fill in also the followin	-
	ACE (city or t	own)			Accident, suicide, or homicide? Date of Injury	, 19
(2000)	e or country)		Maryl		Where did injury occur? (Specify city or town, county and Sta	ite)
17. INFORMANT (Address))	illiam 'Baltimo		od	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREM		REMDVAL Md.	tinle	nown	Menner of Injury	
Plece	244.00.		DateUIIA	110411 , 19	Neture of Injury	
19. UNDERTAKER		M.L.Cres	aget /		24. Wes disease or injury in any way related to occupation of deceased?	no
(Address)		Thur	nont Mo	i.	If so, specify	
20, FILED. 24	17/2	73 4	NY ans		(Signed) Dewart & Maffer	м. г
16	6/8		1	Registrar.	(Address) dale Sana Corum	no Vo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

1. PLACE OF DE	SIAIL	JF MAR	YLAND—	CERTIFICATE	OF DEATH	1720
County_ Fre	derick			(10)	Registration Dist. No.	131
, , , , , , , , , , , , , , , , , , , ,	Near Chu	rch Hill		No. (2. f. D.	4	St., Ward
Length of residence I	In city or town where	death occurred	5 yrs mo	f death occurred in a horpital or institution. ds. How longin U.S. If of	of foreign birth?yrs	reet and number)
2. FULL NAME	Mrs. Ma	ry Salom	e Harwoo	d If b S. Valeran,	specify WAR NON	Æ
(a) Residence: No	. Near Ch	urch Hil (Usualplace o		St. Ward.	If nonresident give city or to	own and State
PERSONAL	AND STATIST	ICAL PARTIC	CULARS	MEDICAL C	ERTIFICATE OF DE	ATH
	White	5. SINGLE, MARI OR DIVORCED Marri	(write the word)	21. DATE OF DEATH	ebruary 6,	, 193 ¹⁷ (Year)
5a. If married, widowed, or HUSBAND of (or) WIFE of		M. Harw	ood	22. I HEREBY	Y CERTIFY, That I	attended deceased from
6. DATE OF BIRTH (month	, day, and year)	March 19	.1902	i last row h_C.T. alive on	Jel 5	6 , 1957.7 1957.7; deeth is said
7. AGE Yeers 34	Months	Deys	if LESS then 1 day,hrs. ormin,	to heve occurred on the date state The PRINCIPAL CAUSE OF DEA' were as follows:	ed above, at 1 A Mrs. TH and releted ceuses of importan	
8. Trade, profession, of kind of work do SAWYER, BDDK		Housewif		Toumer of	ingrancy wit	Date of onset
9. Industry or busines work was done, SAW MILL, BAN	ss in which as SiLK MILL, IK, etc	At Home	•••••	Centraphe	unbog E	2/4/3
10. Dete deceased last this occupation ((month and 9 /	37 11. Total tip span occu	me (years) t in this 15 pation			
12. BIRTHPLACE (city or to (State or country)		yland		Other Contributory Causes of Imp	fhutis	1936
13. NAME Ha	rvey L.	Zimmerma	n			
13. NAME Ha 14. BIRTHPLACE (city of (Stete or country)		yland	• • • • • • • • • • • • • • • • • • • •	Neme of operation	elinical Wast	Date of
15. MAIDEN NAME	Ellen C	Greenw	ald	23. if death was due to external ca		
15. MAIDEN NAME 16. BIRTHPLACE (city of State or county)		rvland		Accident, suicide, or homicide? Where did injury occur?	Dete of injury	
	. George		ood		(Specify city or town, county in INDUSTRY, in HOME, or in PU	and State) BLIC PLACE.
18. BURIAL, CREMATION, O	R REMOVAL THE			Menner of injury	•	
	R.Etchis ederick			24. Was disease or Injury in any w		esed? Tro
20. FILED. 7- Selly	1	melen	Y Registrar.	(Signed) Q ,	eloy & 3m	mad.
	If more	blanks are needed, ac	ddress State Registrar,	2411 N. Charles Street, Balimore, R	equening U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importances Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

TIDDITION TO THOSE I OTHER DESIGNATION DE L'INTERNATION D	ADDITIONAL	SPACE F	FOR FURTHE	R STATEMENTS	BY	PHYSICIAN
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	---------	------------	--------------	----	-----------

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Jo (If death occurred in a hospital of institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. If of foreign birth? ______yrs._____mos._____ds. Length of residence in city or fown where death occurred 3 Q vrs statement 2. FULL MAME S. Veteran, specify WAR. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE. 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. 63 OR DIVERCED (write the word) (Month 5a. If married, widowed, or divorced assific HUSBAND of 22. BRILFY. That Lattended deceased from (or) WIFE of 5 60 6. DATE OF BIRTH (month, day, end yeer) certificate 7. AGE Yeers Months If LESS than Devs to have occurred on the date stated above, et ____ I day.....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ormin. were as follows: Date of onset 8. Trede, profession, or perticular OCCUPATION kind of work done, as SPINNER. be of SAWYER. BOOKKEEPER, etc ... may back 9. Industry or business in which plnods work wes done, es SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at no 11. Total time (yeers) this occupation (month and 193 spent in this occupation 56 that instructions 80 12. BIRTHPLACE((gfty or town) (State or country) HER 13. NAME See FAT Neme of operation_ 14. BIRTHPLACE (city or town) (Stete or country) efully Whet test confirmed diegnosis? 2 OTHER 15. MAIDEN NAME important 23. If death was due to externel causes (VIOLENCE) fill in also the following: EATH 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?____ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods A 17. INFORMANT very OF 18. BURIAL CREMATION. OF REMOVAL USE Neture of Injury_ 24. Was disease or injury in any wey releted to occupation of deceased? (Address) If so, specify (Signed) Registrar. (Address)

If more blanks dre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AR S			
Other contributory causes of importance:	110000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			>

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1722
1. PLACE OF DEATH	(68)
county trederick	Registration Dist. No. 132
Village or City Nr. Broad Runs	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long In U.S. if of foreign birth?yrsmosds
	St., Ward. If u. S. Veteran, specify WAR. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH Let 20 193 (Month) (Day) 193 (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of T. Frank Hightman	22. I HEREBY CERTIFY. That I attended deceased from 20, 1937, to 20, 1937
6. DATE OF BIRTH (month, day, and year) May 7. 1868	I last saw h. 21 alive on Jel 20, 1937; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.391m.
68 9 13 1 day,hrs.	were se follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which	Lobar Presenous - Feb 173
work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 66.193) spent in this year) spent in this occupation	
12. BIRTHPLACE (city or town) Rohrers ville	Other Contributory Causes of importance:
(State or country) Washington Co. Md.	Vulmoray Newworkay Jet 2
14. BIRTHPLACE (city or town) Washington Co.	Name of operation Zero Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Mary Glass 16. BIRTHPLACE (city or town) Mashington Co. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?
17. INFORMANT T. Frank Nightman (Address) Burkits ville,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Luth. Cem. Middletone Feb. 23, 1937	Manner of Mary
19. UNDERTAKER Gladhill Go (Address) Mi Adle Young Md	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED FILL 2.2, 1937 D. Francos Cause. Registrar.	(Signed) James Harp M. 1 (Address) VII Adlatores

If more blacks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

VRITE PLATILY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	thou should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		1
of i	plu	1000		1
item	sho) jo	/	
/ery	ANS	lent		
D. E	SICL	aten		
ORI	H	et st		
REC		Exa		1
LNS	LLY	ď.		1
ANI	A C 1	ssifie		
ERM	EX	cla	e.	
A P	ed	perly	ificat	
IS	stat	pro	certi	1
HIS	be	pe .	Jo 1	
Y-Y	plnor	may	back	
Z	ES	at it	s on	
ING	AG	so th	tion	
FAD	lied.	ms, s	struc	-
Z	ddns	1 ter	ee in	
ITH	ılly	plain	Š	
W .	arefu	ui E	rtant	
PAL)	pe c	SATI	mpo	
PLA	plno	F DI	ON is very important. See instructions on back of certificate.	
LE I	sho	E 0]	is v	
VRI	tion	AUS	NO	

	STATE OF MARYLAND	CERTIFICATE OF DEATH 1723
1	. PLACE OF DEATH	60
-	County Frederick	
	Village or City eller Leberta losson	No. St. Ward
	2. FULL NAME Cosic 7-till	
	(a) Residence: No.	St Ward
-	(Usual place of abode)	If conresident give city or towo and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 /9 , 193 7 (Month) (Date of Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Weldow G. Jall	22. I HEREBY CERTIFY, That I attended deceased from
	DATE OF DIPTH (month day and year) 2001 13,1882	
	LON VICE CLASSIC MAN () CONTROL OF CONTROL	
4.	1 day hre	
	/ ormin.	were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Claute replicates 2 wtis
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(If death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth? St., Ward. If connection give city or towo and State RS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 193 (Vest) 22. I HEREBY CERTIFY, That I attended deceased for the very course of the date stated above, at the very as follows: ESS than hrs. In PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Data of some the very causes of Importance: Other Centributery Causes of Importance: Name of operation What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury (Signed) D. H. Lag R. N.
220	10. Date deceased last worked at this occupation (month and spent in this 3/1/4.	
12.	BIRTHPLACE (city or town) Fred. Co. (State or country)	
FATHER	13. NAME Chas. ILobba	
ATI	14. BIRTHPLACE (city or town) 7 sed. Co	Name of operation Date of
_	(State or country)	What test confirmed diagnosis? Was there an autopsy?
IER	15. MAIDEN NAME Laurah Tenkuar	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)(State or country)	Accident, suicide, or homicide? Date of injury, 19
17.	INFORMANT Weldon a. Still (Address) Muron, British PAS	(Specify city or town, county and State)
18.	BURIAL, CREMATION OR REMOVAL Place State	
19.	UNDERTAKER Jowell Lallaugh (Address)	24. Was disease or injury In any way related to occupation of deceased?
2D.	FILED 1 18 37 Ment Mickegistrar.	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1.1923	Other contributory causes of importance: Gastroenteritis	1 year
11 49 1,10 00	4400 00000 000	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	#G 1214	
County Deedlinets	Registration Dist. No. 1.34	
Village or Cityles Harrey	No. St., War death accurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurred 75 yrs. 4 mos	death accurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd	
00: 0 11: 0 = [/	de la	
2. FULL NAME / WIR . (Muscle M. Hof	Juan.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARKIELL	21. DATE OF DEATH Que 24th 1937	
ia. If marriad, widowed, or divorcad HUSBAND of	(Month) (Day) (Year)	
HUSBAND OF (OF) WIFE OF	22. I HEREBY CERTIFY, Just 1 attended decassad from	
011111111111111111111111111111111111111	7 V5 / 8 V1 29 3 7 , to 4 1 0 4 7 1 19 3 ,	
5. DATE OF BIRTH (month, day, and year) // // / / / / / / / / / / / / / / / /	I last saw harman alive on Survey of the same of the s	
1 day hrs.	to have occurred on the date stated abova, at 7:30 P.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
8. Trada, profession, or particular	were as follows:	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	DOACH ADDAG IN STRAIGHT SIL	
9. Industry or business in which	The Many of the many of the	
skind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at 11. Total time (yaars)	Nemoriali - (73)	
this occupantil and a spent in this		
year) occupation	Othar Contributory Causes of Importance:	
12. BIRTHPLAGE (city or town)		
(State or country)		
13. NAME ON WWW WWW.		
14. BIRTHPLACE (city of town).	Name of oparation Data of	
(State of country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME you a. Manger	23. If daath was due to extarnal causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME WAR Q. Rudingle 16. BIRTHPLACE (city prirown) (State or county)	Accidant, suicide, or homicide?	
(State of Country)	Where did Injury occur?(Specify city or town, county and State)	
(7, INFORMANT CAMPACTURES)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place torner hulleran Dete Feb 98, 1935	Nature of Injury	
19. UNDERTAKER DID MISSA SOV	24. Wes disease or injury in eny way ralated to occupation of deceased?	
20. FILED Freb 26, 19. 37 MO. F. Shuff	If so, spacify (Signad) & M. Benner M.	
Freed Registrar.	(Addrass) f All	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage 9 1037	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	Marian.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

z

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1725
1. PLACE OF DEATH	13/
County Anderick Witholm the Corpo	Registration Dist. No.
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Terrett Norrale	700
(a) Residence: No. Modeld Made (Usual place of abode) (Usual place of abode)	St., Ward. Woodsbory Musical State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word) OR DIYORCED (write the word)	21. DATE OF DEATH Ref. 25 , 193 (Year)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended decassed from
(or) WiFE of	22. Aug 24 1937 to 7 16 25 193
6. DATE OF BIRTH (month, day, end year) 6- June 36	I last saw h aliva on 7 25 19 57; death is sa
7. AGE Yaars Months Days If LESS than	to have occurred on the dete stated above, at
0 8 19 1day,hrs.	mere as follows:
8 Trade profession or particular	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Primary Couse: Gastro-enterities Cu308.
9, Industry or business in which work was done, as SILK MiLL, SAW MILL, BANK, atc	- Duration : not statedy
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MiLL, SAW MILL, BANK, atc. 10. Date daceased last workad at this occupation (month and year) occupation.	
12. BFRTHPLACE (city or town) Descript les ML (State or country)	Other Contributory Causes of importance:
13. NAME Bruck & Hours	
f4. BIRTHPLACE (city or town) 70 4	Name of operation
	What tast confirmed diagnosis? Was there an autopsy? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcida, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Whara did injury occur?
17. INFORMANT Bruce L. Hauch	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMONAL OR REMOVALING TONG OF SELECT 1957	Manner of injury
19. UNDERTAKER 1. 2. Coze a gestfine (Address) 7/ 1	24. Was disease or injury in any wey related to occupation of dacassed?
20. FILEDO 6 - Fleb: 1957 Tre fine Curly Registrar	(Signed) C-E. Established. M. M. (Addrass) (1) wellow willer M. M.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis .	3 days ago
Other contributory causes of importance:	S. 11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. -WRITE PLANKY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN

W.S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1.726
1. PLACE OF DEATH	100
County trederick	Registration Dist. No.
Villago or City Frederick	No. Frederick Cospital St., Ward
Length of residence in city or town where deeth occurred	death occurred in a horpital or institution, give its NAME instead of street and number) 3ds. How long In U.S. if of foreign birth?yrsds
2. FULL NAME John Hillary Jan	was If U. S. Veteran, specify WAR Home
(a) Residence No. Trackersville me	
(Usual place of abode)	Free Co. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Meale Thirt S. SINGLE, MARKIED, WIDOWED, OR DIVORCED (write the word) Married	Fuls. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of Corabestamian	Mumber 30, 193 F, to Jul 14, 1937
6. DATE OF BIRTH (month, day, end year) 14-1898	I last saw han elive on Felt 13, 19.5.7; death is sai
7. AGE Years Month's Days If LESS than 1 dey,	to have occurred on the date stated ebove, at \$ _30Am.
38 7 0 1 dey,mis.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Merchant SAWYER, BOOKKEPER, etc.	fremonia Salvay 1. 2/10/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et 2 this occupation (month and	
10. Date deceased lest worked et 2 5 3 7 11. Total time (years) 5 spent in this 3 occupation (month and year)	
12. BIRTHPLACE (city or town) Wibana	Other Coutributory Causes of Importance:
(State or country)	
13. NAME Grooky Jamison	
14. BIRTHPLACE (city or town) Who down	Name of operation
(State of country)	What test confirmed diagnosis?XRange Wes there en eutopsy?_!!!
15. MAIDEN NAME Susan R. Hilleary 16. BIRTHPLACE (city or town) Petersville (State or country)	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) Vetersville (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs John H. Jameson	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Ovalturaville Med. 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece my olivexten Date 2/16 ,1937	Neture of injury
19. UNDERTAKER Co. E. Cline + For (Address) Frederick med	24. Was disease or injury in any wey related to occupation of deceased?
20. FILEOID = Tel. 137. Dre Mr. Curly Registrar	(Signed) E E & Land M. (Address) 11) allow wille, Ding.
If more blanks are needed, address State Registrate	2412 N. Charles Street Relaimore Requestions 41 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4



V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

1727

1. PLACE OF DE	ATH			,23	
County	Frede	rick.		Registration Dist. No. 13	9
Village or City	State	Sanato	rium, Md.	No. St., of death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of residence in	city or town where	deeth occurred	→ yrs, — — mos	13_ds. How long in U.S. if of foreign birth?yrs	.mosds
2. FULL NAME	Virgi	nia Kel	ly		
(a) Residence: No.	Glenw	(Usual place	oward Co.	St., Ward. Maryland. If nonresident give city or town a	nd State
PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex 4. com	White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH February 2 (Month) (Day)	., 193 7 (Year)
5a. If married, widowed, or di HUSBAND of	vorced			((100.)
(or) WIFE of	U	nknown		22. I HEREBY CERTIFY, That I ettende	
		7127 0	1869		2 , 19 37 7 ; death is said
6. DATE OF BIRTH (month, of Page 7. AGE Years	day, end year) Months	July 9	If LESS than	to have occurred on the date stated above, at 6.50Pm.M.	!; death is said
67	6	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
		1 20	ormin.	were as follows:	Date of onset
8. Trade, profession, or kind of work don	e, as SPINNER,	House	-work	Dulmonour Muhoroulogia	Cont
SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this preparation (months and this preparation (mon				Pulmonary Tuberculosis	Sept.
work was done, a					1935
1D. Date deceased last w	vorked at	11. Total	time (years)		
year)	ontsept 1	1920 oce	ent in this OYrs.	Dither Contributory Causes of importance:	
12. BIRTHPLACE (city or tow	n)			Short General General Comportance.	
(State or country)		Virgi	nia		
13. NAME	Simon	Kelly			
13. NAME 14. BIRTHPLACE (city or	town)			Name of operation	
) (Stete or country)	Virgi	nia	What test confirmed diegnosis? Chest-X-Ray Was there a	n autopsy?_n
15. MAIDEN NAME	Virgin	ia Croc	kett	23. If death was due to external causes (VIDLENCE) fill in also the following	ing:
15. MAIDEN NAME 16. BIRTHPLACE (city or	town)			Accident, suicide, or homicide? Date of injury19	
(State or country)	Virgi	nia	Where did injury occur?	
17. INFORMANT Virginia Kelly				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)	Glenwoo			***************************************	
18. BURIAL, CREMATION, DR		77.0	lenows	Manner of injury	
Place Gleni	wood, wa	DeteU	MALOWII, 19	Neture of injury	
19. UNDERTAKER	M.L.Cre	ader		24. Wes disease or injury in any way related to occupation of deceased?	no
(Address)	Thurmon			If so, specify	
20. FILED / M	. 19	1 11/2		(Signed) Lleward & . Smaffer	м. ј
[777]			Registrar.	(Address) State Lana Corium	md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

FOR BINDIN

MARGIN RESERVED

STATE OF MARYLAND	CERTIFICATE OF DEATH	9.8
1. PLACE OF DEATH	(8)-D)	
County Hiddletown, Freder	rick Registration Dist. No. 132	
Village or City Middletown	No. St	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and num	nber)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Martin Suther Rep	Ler/ If U. S. Veteran, specify WAR	
(a) Residence: No. Middle to was M	St., Ward.	
(Usual place of abode)	If nonresident give city or town and Sta	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	4
Male White Widower	(Month) · (Day)	93 (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) HITE of Celie Kepler	22. HEREBY CERTIFY, That I attended dec	eased from
6. DATE OF BIRTH (month, day, and year) Aug. 13. 1859	I last saw h Lice alive on Fel 19 , 137; d	leath is sald
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 7.30 Åm.	
77 6 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trade profession or particular	were as rollows.	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer	Corlored House sales as 6	docut.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Pefired		3
Date deceased last worked at this occupation (month and Mar.1918 spent in this year) 11. Total time (years) spent in this occupation 40		
M. ddlataus	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) / 1/1 a d le rounn (State or country) Fred'K Co Md	a tori sol	
	Comment Jethersia	
E		
14. BIRTHPLACE (city or town) / // / Od/e/oww	Neme of operation Date of	5 .
1167 0.710	What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME Amanda Sanners 16. BIRTHPLACE (city or town) Middle Journ (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
o 16. BIRTHPLACE (city or town) MI dole your	Accident, suicide, or homicide? Date of injury	-, 19
(State or country) Fred'K. Co. Md.	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT AYTHUY LEPLEY (Address) NI deletarm Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	70
18. BURIAL, CREMATION, OR REMOVAL	Manner of interv	
Place Reformed Com Middle tom Feb 22, 1937	Nature of injury	
Gladbill & of	24. Was disease or injury in any way related to occupation of deceased?	<u></u>
19. UNDERTAKER GCAGNICCO	If so, specify	
7-11/22 22/2	(Signed) Island Harb	
20, FILED 21, 1931 La Company Parities	(Address) Priedlex	W. D.

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Findout the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 5 1981			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

V. S. No. 1

FOR BINDIN

1. PLACE O	F DEATH			23 1 100 1	
County Frederick,				Registration Dist. No.	139
	city State Sa		(11)	No. St., death occurred in a hospital or institution, give its NAME instead of street and ds. How tong in U.S. if of foreign birth?yrs	Ward I number) mosds.
2. FULL NA	ME Hild	la M. Ki	efner	tf U. S. Veteran, specify WAR	
				St., Ward. Baltimore Marylan	idd State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word) W	21. DATE OF DEATH February 1 (Month) (Day)	, 193_7 (Yaar)
5a. If marriad, widov HUSBAND of (or) WIFE of		rd Kiefn	er	22. I HEREBY CERTIFY, That I attende Nov. 29 ,19 35, to Feb.	1 19 37
7. AGE Yes	7 Months 5	August 2	1909 if LESS than l day,hrs. ormin.	t last saw h er alive on Jan. 31 19 3' to have occurred on the data stated above, at 2 Q5 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	7 ; death Is said
9 Industry or work was SAW Mt	work dona, as SPINNER, ,, BOOKKEEPER, etc	Housew	ife ime (years) ntin this Yrs.	Pulmonary Tuberculosis Other Contributory Causes of importance:	Dec.
12. BIRTHPLACE (city or town) (State or country) Maryland 13. NAME George R Albiker:				Tuberculous Enteritis	
13. NAME George R Albiker: 14. BIRTHPLACE (city or town) (State or country) Maryland.				Name of operation NONE POS Sput	
15. MAIDEN NAME Margaret Massel 16. BIRTHPLACE (city or town) (State or country) Maryland. 17. INFORMANT Hilda N Kiefner (Address) Baltimore, Md°			nd.	23. If death was due to external causes (VIOLENCE) fithin also the following Accident, suicide, or homicide?	, 19
18. BURTAL, CREMA	TION, OR REMOVAL		A	Manner of injury	
19. UNDERTAKER (Addrass) 20. FILED		treager Wont, M		24. Was disease or injury in any way retated to occupation of deceased? If so, specify (Signed)	no M. r

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Partiet 1	Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis FFD	1 year
		6 7927	

Jo u	plno	000	
iten	sh	Jo	-/
RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	/
ERMANENT	XACTE	classified.	å
IS A PH	stated I	properly	certificat
HIS	be	pe	Jo
NG INK-T	AGE should	that it may	N is very important. See instructions on back of certificate.
H UNFADI	supplied.	in terms, so	See instruct
NLY, WIT	e carefully	ATH in pla	nportant.
E PLAI	should !	OF DE	s very in
RIT	ion	USE	Z

1	S PLACE OF DEA		MARY	/LAND-	CERTIFICATE OF DEATH)			
	County	Frederi	ick.		Registration Dist. No. 139				
2	Village or City Length of residence In c	State S	Sanator th occurred	ium, Md. (ff yrsmos	No. St., death occurred in a horpital or institution, give its NAME instead of street and number) 17 ds. How long In U.S. if of foralgn birth?	Ward			
	(a) Residence: No.				St., Ward. Hagerstown, Maryland, If conresident give city or town and State				
	PERSONAL AI	ND STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH				
	Female W	hite	single, marr or divorced Marrie	RIED, WIDOWED, (write the word)	21. DATE OF DEATH February 3 , 1937 (Month) (Day) (Yes	ar)			
Ja.	If married, widowad, or div HUSBAND of (or) WIFE of	Jeni	nings K	line	22. I HEREBY CERTIFY. Thet I attended decease Jan. 16 ,19 37, to Feb. 3, f9	3.7			
_	DATE OF BIRTH (month, d. AGE Years 29	Months 4	Days 4	1907 If LESS than 1 day,hrs. ormin.	I last saw h er elive on Feb. 2, 19.37; death to have occurred on the date stated above, et 4.20 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware es follows:				
OCCUPATION	8. Trada, profassion, or kind of work done SAWYER, BOOKKE 9. Industry or business work was done, as SAW MILL, BANK, 10. Date daceased last withis occupation (myear)	In which SILK MILL, etc	fl. Total tir	fe me (years) t in this yrs.	Pulmonary Tuberculosis Jul 193				
_	BIRTHPLACE (city or town (Stata or country))	Maryla n		Othar Contributory Causes of importanca:				
FATHER	f 4. BIRTHPLACE (city or (State or country)	town)	Jnknown		Name of operation DONE POS Sputaff What test confirmed diagnosighest X-Ray Was there an aulopsy?	no			
MOTHER 12	16. BIRTHPLACE (city or a (State or country) INFORMANT (Address)	Inox 7	Jnknown Kline		23. If death was due to axternal causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?				
f8	BURIAL, CREMATION, OR Place Hagers	REMOVAL			Menner of Injury				
	UNDERTAKER (Address)	A.K.Coffi Hagerato	wn, Md.	Registrar.	24. Was disease or injury In any way related to occupetion of daceased? NO If so, specify Aleward Anafer (Signed) Leward Anafer (Address) La & Sana Loreum 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	M. 0.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: |of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 4 Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago A PARTY A Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.—WRITE PLAIKLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDIN

V. S. No. 1

Comparison of the sidence in city or town where death occurred in shopial or institution, give its NAME Continued Contin	F DEATH 1731	STATE OF MARYLAND—					
Village or City. Village or City. St., Langth of residence in city or town where death occurred. A. yrs. Mos. A. How long in U.S. If of foraign birth? Ward. (a) Residence: No. A. Color or RACE S. SINCLE MARKED, WIDOWED, OF BIRTH (month, day, and year) S. Trade, profession, or particular (so in the following: No. 8. Trade, profession, or particular (so in the following: No. 8. Trade, profession, or particular (so in the following: No. 8. Trade, profession, or particular (so in the following: No. 10. Date Geassas dest worked at this occupation (month) and profession (month) an	121						
Langth of residence in city or town where death occurred. 3. yrs. mos. ds. How long in U. S. Ir of for largin birth? yrs. mos. ds. How long in U. S. Ir of for largin birth? yrs. mos. ds. How long in U. S. Ir of for largin birth? yrs. mos. ds. How long in U. S. Ir of for largin birth? yrs. mos. ds. How long in U. S. Ir of for largin birth? yrs. mos. ds. How long in U. S. Ir of for largin birth? yrs. mos. ds. How long in U. S. Ir of for largin birth? yrs. mos. ds. How long in U. S. Ir of larging in U.	Registration Dist. No.	County I rederecte within the Corpore					
Langth of residence in city or town where death occurred 3 yrs	all St., Ward	Village or City Irederick					
(a) Residence: No. 16 G. Security of Cuaul place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCET, MARRIED, WIDOWED, OR DIVERCES (winter tha world) OR DIVERCES (windowed, or diverced HUSBARD') 6. DATE OF BIRTH (month, day, end year) Se. If merried, widowed, or diverced HUSBARD' or Corp Wife to Public Double of Corp Wife Was done, as SILK MILL, SAW MILL, BANK, atc. 11. Total time (years) South of Country) 12. BIRTHPLACE (city or town) Acades Lucy Double of Country Double of Country) 13. NAME 14. A BIRTHPLACE (city or town) Acades Lucy Double Of Country							
(a) Residence: No. 16 G. Security (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3.5EX 4. COLOR OR RACE S. SINGET, MARRIED, WIDOWED, OR. DUGRICES (wire this word) See If merried, widowed, or diverseed HUSENDOVED, Or. DUGRICES (wire this word) For Date of BIRTH (month, day, end year) S. DATE OF BIRTH (month, day, end year) S. ANTER, BOOKKEEPER, etc. S. ANTER, SAWYER, BOOKKEEPER, etc. S. Indee, profession, or particular which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. S. Indee, profession which work was done, as SILK MILL, SAW MILL, BANK, stc. S. Indee, profession which work was done, as SILK MILL, SAW MILL, BANK, stc. S. Indee, profession which work was done, as SILK MILL, SAW MILL, BANK, stc. S. Indee, profession which work was done, as SILK MILL, SAW MILL, BANK, stc. S. Indee, profession of particular which work was done, as SILK MILL, SAW MILL, BANK, stc. S. Indee, profession of particular which work was done, as SILK MILL, SAW MILL, BANK, stc. S. Indee, profession of particular which work was done, as SILK MILL, SAW MILL, BANK, stc. S. Indee, profession of particular which work was done, as SILK MILL, SAW MILL, BANK, stc. S. Indee, profession of particular which work was done, as SILK MILL, SAW MILL, BANK, stc. S. Indee, profession of particular which work was done, as SILK MILL, SAW MILL, BANK, stc. S. Indee, profession of particular which work was done, as SILK MILL, SAW MILL, BANK, stc. S. Indee, profession, or particular which work was done, as SILK MILL, SAW MILL, BANK, stc. S. Indee, profession, or particular which was done to external causes (VIOLENCE) fill in also the following: A BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? What test confirmed diagnosis? What deal injury occur? What deal injury occur? What deal injury occur? What deal injury occur?	cify WAR Rose	2. FULL NAME Clice Phocke Koons.					
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) White of Puller Donaldson Koous 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 8. Trade, profession, or particular kind of work done, as SPINNER, SAVIER, BOOKKEPER, etc. 9. Industry or business in which ward as this occupation (month and year) 10. Date decased at work day at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town). La selections occupation Other Coatributory Causes of Importance: (State or country) Name Adams D. Birely, Name of operation. Name of operation. Name Op	If nonresident give city or town and State						
Se. If merried, widowed, or divereed HUSBANT of (or) WIFE of Pellew Donaldson Koous 6. DATE OF BIRTH (month, day, end year) 6. DATE OF BIRTH (month, day, end year) 8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOKKEPER, etc., Pellived Donaldson Koouse of Mills, SAW MILL, BANK, atc., SAWER, BOKKEPER, etc., Pellived Donaldson Mills, SAW MILL, BANK, atc., Sawer was done, as SILK MILL, SAW MILL, BANK, atc., Sometin this occupation (month and year) 12. BIRTHPLACE (city or town) Landeles Luckey, (State or country) 13. NAME 14. BIRTHPLACE (city or town) Landeles Luckey, (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Landeles Luckey, (State or country) 16. BIRTHPLACE (city or town) Landeles Luckey, (State or country) 17. MAIDEN NAME 18. Trade, widowed, or divereed HUSBAND ALL SAW MILL,	TIFICATE OF DEATH	PERSONAL AND STATISTICAL PARTICULARS					
HUSBARD of (or) WIFE of Pollew Donaldson Noous 6. DATE OF BIRTH (month, day, end year) Stable 2, 1863 7. AGE Yaars Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, atc. 10. Date dacasad test worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Leaders Discussed. 13. NAME Address D. Birtely 14. BIRTHPLACE (city or town) Leaders David Discussed. 15. MAIDEN NAME Leave play gaves Queeled. 16. BIRTHPLACE (city or town) Leave play gaves Queeled. 17. On the Contributory Causes of Importance: 18. Trade, profession, or particular was as follows: 19. Idast sew h. Z. alive on Leaf the date stated above, at. 2120 p.m. The PRINCIPAL CAUSE OF DEATH end related causas of importance ware as follows: 19. Idast sew h. Z. alive on Leaf to the date stated above, at. 2120 p.m. The PRINCIPAL CAUSE OF DEATH end related causas of importance ware as follows: 10. Date dacasad test worked at this occupation (month and year) Other Contributory Causes of Importance: 11. Total time (years) spent in this occupation (month and year) Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Leave play years and the following: 13. NAME 14. BIRTHPLACE (city or town) Leave play years and years and years are following: 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Leave play years and years are following: 16. BIRTHPLACE (city or town) Leave play years and years are following: 17. On the Contributory Causes of Importance ware as follows: 19. Idast was due to external causes (VIQLENCE) fill in also the following: 19. Accident, suicide, or homicide? 19. Date of the date stated above, at. 2120 p.m. 19. The PRINCIPAL date of the date stated above, at. 2120 p.m. 19. I last sew	. 10 , 193 7 (Year)	OR DIVORCED (write tha word)					
1 last sew h. 2 alive on. 2/10/27, 19.5.2 daath to have occurred on the date stated above, at. 2/20/2m. Note that the profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 10. Date dacasacd tast worked at this occupation (month and year) 10. Date dacasacd tast worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Lacella laway. (State or country) 13. NAME 14. BIRTHPLACE (city or town) Lacella laway. (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? 23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Capecify city or town, county and State)		HUSBAND of					
TAGE Yaars Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Reflected House-wife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAM MILL, BANK, atc. 10. Date dacasasd tast workad at this occupation (month and yaer) 11. Total time (years) spent in this occupation (State or country) 12. BIRTHPLACE (city or town) Lackled Ludgy (State or country) 13. NAME 14. BIRTHPLACE (city or town) Lackled Ludgy (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Lackled Ludgy (State or country) 16. BIRTHPLACE (city or town) Lackled Ludgy (State or country) 17. MAIDEN NAME 18. Trade, profession, or particular at James of importance wara as follows: 19. Date of Lack Ludgy (State or country) 10. Date dacasasd tast workad at this occupation occupation occupation occupation Other Contributory Causes of Importance: 19. Date of Lack Ludgy (State or country) 19. Was thar an autopsy? 20. If daath was due to extarnal causes (VIOLENCE) fill In also the following: 21. Accidant, suicide, or homicida? Date of injury occur? 22. Whar add injury occur? 23. If daath was due to extarnal causes (VIOLENCE) fill In also the following: 24. Accidant, suicide, or homicida? Date of injury occur? 25. Specify city or town, county and State)	2/14/3-7 , 19.8.7 ; daath Is sald	5. DATE OF BIRTH (month, day, end year) Seb 1. 2 186.3					
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacasad tast worked at this occupation (month and yaer) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) 17. Maid Description 18. Trade, profession, or particular wind as should be sufficient to the second and the second at the second		7. AGE Yaars Months Days If LESS than					
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, atc. 10. Date dacassad tast workad at this occupation (month and yaer) 12. BIRTHPLACE (city or town) Landle Luckey (State or country) 13. NAME 14. BIRTHPLACE (city or town) Landle Luckey (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Landle Luckey (State or country) 16. BIRTHPLACE (city or town) Landle Luckey (State or country) 17. MAIDEN NAME 18. MAIDEN NAME 19. Landle Luckey (State or country) 19. MAIDEN NAME 10. BIRTHPLACE (city or town) Landle Luckey (State or country) 10. Maiden Name 11. Total tima (years) Spent in this occupation (occupation) 12. BIRTHPLACE (city or town) Landle Luckey (State or country) 13. NAME 14. BIRTHPLACE (city or town) Landle Luckey (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Landle Luckey (State or country) 16. BIRTHPLACE (city or town) Landle Luckey (State or country) 17. Maiden was due to extarnal causes (VIOL ENCE) fill In also tha following: 18. Accidant, suicide, or homicida? Date of injury (Specify city or town, county and State)	nd related causes of importance						
Other Contributory Causes of Importance: Other Contributory Caus	/	kind of work done, as SPINNER.					
Other Contributory Causes of Importance: Other Contributory Causes of I	sclerosis ?	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.					
13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) 17. Maiden NAME 18. BIRTHPLACE (city or town) (Stete or country) 18. Compared Lindless Accidant, suicide, or homicide? (Specify city or town, county and State) (Specify city or town, county and State)							
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) (Specify city or town, county and State)	ica:	12. BIRTHPLACE (city or town) La dies leven					
What test confirmed diagnosis? Was there an autopsy? 15. MATDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIQLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury							
What test confirmed diagnosis? Was there an autopsy? 15. MATDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) What test confirmed diagnosis? Was there an autopsy? 23. If daath was due to external causes (VIQLENCE) fill In also the following: Accidant, suicide, or homicide? Date of injury		13. NAME adam D. Biteley					
What test confirmed diagnosis? Was there an autopsy? 15. MATDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) What test confirmed diagnosis? Was there an autopsy? 23. If daath was due to external causes (VIQLENCE) fill In also the following: Accidant, suicide, or homicide? Date of injury	Data of	14. BIRTHPLACE (city or town) Loc Siegles Agy					
(Specify city or town, county and State)	Was thara an autopsy?	(Stata of country)					
Whara did injury occur? (Specify city or town, county and State)		15. MAIDEN NAME Sereplas Jane Cuders					
(Specify city or town, county and State)	Date of injury, 19	16. BIRTHPLACE (city or town)					
17. INFORMANT P. D. Roous, Su. Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,	(Specify city or town, county and State) DUSTRY, in HOME, or In PUBLIC PLACE.	17. INFORMANT P. D. Kaous, Su.					
(Addrass) I rederecte, Mod. 18. BURIAL, CREMATION, OR REMOVAL Andrew W. W. Manner of Injury Place Naughis Church Centergoate Isla, 15, 197 Natura of injury Natura of injury		18. BURIAL, CREMATION, OR REMOVAL ALLE CO. WIL.					
19. UNDERTAKER C. E. Clevis & Sow 24. Wes disease or injury In any way releted to occupation of deceased? Its (Addrass) Scellerick, Mid. If so, specify	eleted to occupation of deceased?	2					
20. FILED 11- Selep 3.7 Amland (Signad) It Select Comments (Address) 9 8- 2 most Freele	hoolman M.D.	20. FILED 11- Sely 37 Amlany					

are needed, address State Kegistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLAU V. O.			
Other contributory causes of importance:	local fil	Other contributory causes of importance:	44
Gallstones	May 1,1923	Gastroenteritis	1 year

1000

JO

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAINEAU V. S.		4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

SIAIE	F MARYLAND-	CERTIFICATE OF DEATH 17	33
1. PLACE OF DEATH	K	(82-0)	
County Months	2 0	Registration Dist. No. 147 -	
Village or City Mount		f death occurred in a horpital or institution, give its NAME instead of street and numb	
Length of residence in city or town where o	leath occurred yrs mos	sds. How long in U.S. If of foreign birth?yrsmos	ds
2. FULL NAME 4 arran	I Wanther		
(a) Residence: No Mount C	(Usual place of abode)	St., Ward. If nonresident give city or town and State	ē
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7. 193 (Month) (Day) , 193	7
5a. If married, widowed, or divorced	P . 10	(month) (Day)	(Teal)
(or) WIFE of May &	withering	22. HEREBY CERTIFY, Jhet, I attended decer	ased from
4	31 -1764	134	19.0-6
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date steted above, at 630 Pm.	ath Is said
8.3 -	/ Cx 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Trade profession or particular	ormin.	were as follows:	te of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	erus!	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	yara
9. Industry or business in which	4	apripage	gal
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Marin		<i>p</i>
	11. Total time (years) spent in this		
year)	occupation 40	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Town (State or country)	nd co		
13. NAME Trederile de	ithou		
14. BIRTHPLACE (city or town) Pt.	ray co	Name of operation Dete of	04
(Stete of country)	nel	Whet test confirmed diagnosis? Olinical Was there en eulops	sy?
16. BIRTHPLACE (city or town) Mo	hi arriett	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
6 16. BIRTHPLACE (city or town) Mo	byor co	Accident, suicide, or homicide? Date of Injury,	, 19
∑ (State or country)	1 /1 Just	Where did injury occur?	
17. INFORMANT Mrs Berns (Address) Reolland	and frigill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	- 4 /	Manner of injury	
Place / Jallstoners	Date 12.6 2,19 7	Nature of injury	
19. UNDERTAKER PO 2000 (Address)	Parf	24. Wes disease or injury in eny way related to occupation of deceased?	
20. FILED Fessey 76, 1937 and	lelay Mulesuret	(Signed) Cruent P. Rocap (Address) New Worker, Wel	М. Г
16		2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	f

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	A1	DI	TI	OI	NA	L	SP	A	CE	F	OR	FURTHER	STA	TEMI	ENTS	BY	I	PHY	SI	CIA	AN	ĺ
--	----	----	----	----	----	---	----	---	----	---	----	---------	-----	------	------	----	---	-----	----	-----	----	---

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH	34
1. PLACE OF DEATH	[3]	21
County Frederick	Registration Dist. No.	2
Village or City of Porter of the Comer ge	destri occurred in a hosofial or institution, give its NAME instead of street and i	Ward
Length of residence in city or town where death occurred		
2. FULL NAME Cornelius Liston	Culgity of S. Veteran, specify WAR. Thouse	
(a) Residence: No. Maritonne Herman	-st. l : Ward Gollow Persis on	->
(Usual place of abode) / 7/1	A. Tradicio, If nonresident give city of Dwn and	States. W
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Feb. 24	. 193
5a. If married, widowed, or divorced	(Month) (Day)	(Yeer)
HUSBAND of Joeanna Harper	22. I HEREBY CERTIFY, Thet I ettended	deceased from
B. DATE OF BIRTH (month, day, and year) Sept 6th. 1857	3	; death is sele
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at/_Q_L_m.	
5 21 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	Data of onest
8. Trade, profession, or particular kind of work done as SPINNER.	· · · · · · · · · · · · · · · · · · ·	
kind of work done, as SPINNER, SAWYER, BODKKEPPE, etc. Advorest Authority or husiness la which	Wilman	Feb. 20
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et his occurretion (month and		1937
10. Date deceased last worked et this occupetion (month and year) 11. Total time (years) spent in this occupation		-
	Other Contributory Causes of Importance:	
12. BfRTHPLACE (city or town) (State or country) Maryland	Barender suntines heldersten	nor
13. NAME John Lenton		1233
13. NAME 14. BIRTHPLACE (city or town)	Neme of operation Dete of	
(Stete of country)	Whet test confirmed diegnosis? Was there and	eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in elso the following	g:
16. BIRTHPLACE (city or town) unknown	Accident, suicide, or homicide? Dete of injury	, 19
(Stete or country)	Where did Injury occur? (Specify city or town, county and Sta	te)
17. INFORMANT Co Vangeline Wice (Address) meharyou Washital	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL / L. Dom, my freder	Manner of injury	
Place llosart Hill Date Jeb. 26, 1937	- Nature of injury	
19. UNDERTAKER M.R. Clehison yson	24. Wes dese or injury in eny wey related to occupetion of deceased?	20
20. FILEDALE Febr., 1937. Dre, M. Carolina, Registrato,	(Signed) SOOM	2nd M. [
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

4 14 17 A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second views			
Other contributory causes of importance:		Other contributory causes of importance:	/
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AD 3 1997	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1736
1. PLACE OF DEATH	3 /37
could signify	Registration Dist. No.
Village or City It. Ceaser T	ob in wel. St., Ward
Length of residence in city or town where death occurredmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Salm	me.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIV DRCED (write the word)	21. DANE OF DEATH (Month) (Day) (Year)
Se. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY SERTIFY, That I attended deceased from
N/0 \$ 1031	, 19, to, 19
6. DATE OF BIRTH (month, day en Yest) 7. AGE Years Months Days If LESS than	i last saw h alive on
l day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Glasma Crivia,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month end	
10. Date deceased last worked at this occupation (month end spent in this occupation corupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) 2 13. NAME (7) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation 222 Date of
(State of country)	What test confirmed diegnosis? Was there an eutopsy
15. MAJOER PAMEN ONE! I Drein.	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
15. MAINTENAMEN GRET STREET ST	Accident, suicide, or homicide?
17. INFORMANT CITY IN THE PROPERTY OF THE PROP	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD	Manner of injury
Place Date Date 19 , 19	Nature of injury
19. UNDERTAKER James James James (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED J 4 9 , 137 20 Denfuga	(Signed) Jam // Moselm M. D.
Registrar.	(Address) fr harman and harman

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE PERSON S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الــــــا		1

ITE PLATNLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PERMANENT	stated EXACTL	properly classified.	certificate.
UNFADING INK-THIS	supplied. AGE should be	terms, so that it may be	is very important. See instructions on back of certificate.
ITE PLAINLY, WITH	n should be carefully s	SE OF DEATH in plain	is very important. Se

	S'	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 1737
1.	PLACE OF DEAT	тн .	1		107-01 197
	County The	duel		· _{//}	Registration Dist. No.
	Village or City OP.	10,2	New Y	midsier	/No.d . St., Ward
	Length of residenca in cit	ty or town where	daath occurred	yrs 2 mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?
2.	FULL NAME	Beth	y Me	Clella	nd
	(a) Residence: No	new	soit.	md.	St., Ward.
MD-701	PEDGONAL AN		(Usual place		If nonresident give city or town and State
3. SI	PERSONAL AN	R OR RACE		RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
4	male M	hike	OR DIVORCE	ED (write the word)	Febr 8 193 7
5a. I	f marriad, widowed, or divo		i aus	ng u	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY. That I attended deceased from
e D	ATE OF BIRTH (month, day	W	mel. s	1035	l last saw h. 4 X alive on 2 4 19.3 Z deeth is said
7. A		Months	Days	If LESS than	to have occurred on the date stated above, a 9:10 1, m.
	/	11	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
z	8. Trade, profassion, or pa kind of work done,	erticular es SPINNER	71		Data of onsat
ATION	SAWYER, BOUKKEE	PER, etc	- Hon	<u>C-</u> .	Bronchs neumony 2-3-3
CCUP	9 Industry or businass in work was done, as S SAW MILL, BANK, a	ILK MILL,			The teroscho-Bostumonial read formany
ö	10. Date decaased lest wor this occupation (mor	ked at oth and	spe spe	time (years) ent in this	there was no associated descase a civilista
	yeer)	<i>T</i>	000	upation	Othar Contributory Causes of importance:
12. I	SIRTHPLACE (city or town). (State or country)	Dala	imau	C179.	
œ	13. NAME	Maril	no Pl	of ma.	
Ξ -	14. BIRTHPLACE (city or to	The	devide	Co.	Name of operation
	(State or country)	WII)	vesama y	md.	What test confirmed diagnosis? Was there an autopsy?
TER-	15. MAIDEN NAME	thelma	Horn	nev	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
0	16. BIRTHPLACE (city or to	wn)log	usoll	Co	Accidant, suicide, or homicide? Date of Injury, 19
-	(State or country)	01	n. 11	md.	Whare did injury occur?(Specify city or town, county and State)
17. 1	NFORMANT ALL STA	Men 2	Midse	eland mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. B	URIAL, CREMATION, OR R	//	41	en su	Mannar of injury
	Placa OSLY Kel	Ceruty	Date Jur.	10, 1937	Natura of injury
19. U	NDERTAKER	Le. l.	4 gralt	7	24. Was disaase or injury in any way related to occupation of deceased?
-	(Addrass)	27 000	1 mfrel	y mu.	If so, spacify
20. F	ILED JULY 8 , 1	931	Nur	frequences	(Signed) 17 d 4 g b. D. (Addrass) ld and in San d and in

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AR 3 1997	July 5,1927	Peritonitis	3 days ago
MINTALL N. S	£ - 5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

	County	Frederi	ck.		Registration Dist. No. 1	39
	Length of residence in	city or town where	deeth occurred	yrs,mos	ND. St. St. f death occurred in a horpital or institution, give its NAME instead of street s. 15 ds. How long in U.S. if of foreign birth? yrs.	and number)
-	(a) Residence: No.				St, Ward. Baltimore, Maryl If conresident give city or town	and b
	PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	Н
		or or race Thite		RRFED, WIDOWED, ED (write the word)	21. DATE OF DEATH February 25 (Month) (Day)	, 193
5a.	If marriad, widowed, or di HUSBAND of (or) WIFE of	vorced			22. HEREBY CERTIFY, That etter Feb. 10, 19 34 to Feb. 2	nded deceased fi
6 1	DATE OF BIRTH (month, d	av and vear)	Sept.	30 1910	l lest saw h im alive on Feb. 25 193	
_	AGE Yaars	Months 4	Days 25	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated abova, at 7.05 R. M. The PRINCIPAL CAUSE OF DEATH and releted causes of importance ware as follows:	
OCCUPATION	Trade, profassion, or kind of work done SAWYER, BODKK! Industry or business work was done, as SAW MILL, BANK to be a deceased last withis occupation (management of the same	in which SILK MILL, , etc orked at	11. Total	time (vears)	Pulmonary Tuberculosis	Dec. 1929
	BIRTHPLACE (city or town (State or country)				Dther Centributory Causes of Importance:	
FR	13. NAME J (hn Mill	er			
FATHER	14. BIRTHPLACE (city or (Stata or country)		Marylan	d.	Name of operation NONE POS Spublic What test confirmed diagnosis? Ghest X-Ray was there	an autopsy?-
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country)			?	23. If deeth wes due to external causes (VIOLENCE) fill in also the folio Accident, suicide, or homicide? Date of Injury Whare did injury occur?	owing:
	INFORMANT(Address)	Harry H	. Mille		(Specify city or town, county and Specify whather injury occurred in INDUSTRY, In HDME, or In PUBLIC	State) C PLACE.
18.	BURIAL, CREMATION, OR Place Balto	REMOVAL		Inknow, m	Manner of injury	
19.	UNDERTAKER(Address)	M.L.Cr Thurn	eeler Mo		24. Was disease or injury in any way related to occupation of deceased If so, specify Attack S. Shaffe (Signed) Alwart S. Shaffe	7no

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - 1921	Run over by street car	1 week ago
Cerebral hemorrhage July 5,1927	Peritonitis	3 days ago
MAR 4 1937		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,1923	Gastroenteritis	1 year
	•	

V. S. No. 1

9		STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	1739
1.	PLACE OF	DEATH /	- 1		82-20	. 81
	County	Frede	nich		Registration Dist. No.	12)
		H	7.	Maritan)	HARREN
	Village or Ci	ly Jobs	BULLETY!	MONTENG	death occurred in a hospital or institution, give its NAME instead of st	St., O (M. B., Ward
	Length of resid	ence in city or town whe	re death occurred_	mos	How long in U.S. If of foreign birth?yrs	
2	FULL NAM	AE Char	Ven B	man	Who sweetran, specify WAR ho Vy	eleman
-		1	mar Fi	11.40-0	St. Ward Placelesto	1/4
	(a) Residence	e: No/	(Usual place	of abode)	If nonresident give city or	lown and State
-	PERSON	AL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	ATH
3. S	EX O	4. COLOR OR RACE		RIED, WIDOWED.	21. DATE OF DEATHO	And
m	ale.	White	OR DIVORCE	(write the word)	J-es O (Month) (Day)	, 193(Year)
5a.	If married, widowe	d, or divorced	, J-11		(month) (bay)	(1641)
-	HUSBAND of (or) WIFE of				22. OI HEREBY CERTIFY That I	attendad deceased from
			110		312 to 1924, to Feb	8 , 19.2 /
6. D	ATE OF BIRTH	month, day, and year)	Maken	own	I last saw harmalive on Jet 8	19-3-7; death Is said
7. A	GE Year	s Months	Days	If LESS than	to have occurred on the date steted above, at	
	8	11		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importative as follows:	Date of onset
z	8. Trade, profes	sion, or particular	0	1.50		Date of onsot
PATION	SAWYER,	ork dona, as SPINNER, BOOKKEEPER, etc	Ia 1		Cerebral kementing	are Hal &
PA	9. Industry or b	usiness in which dona, as SILK MILL.	000	lex	4	
occu	SAW MILI	dona, as SILK MILL, , BANK, etc	1.11.7-414			
ő	this occupyear)	ation (month and	spe spe	ime (years) nt in this 40		
!	year)	11-	1	ipation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city		pero su	vy la		(2)
~	(Stata or coun	71	0 4		Corterosilensis	77240
HER	13. NAME	homas	, Us. mu	yre		
FAT	14. BIRTHPLACE			·	Nama of oparation	Date of
-	(State or	country) We	et va	00	What test confirmed diagnosis? Was	there an autopsy?
HER	15. MAIDEN NAM	ME Sara	h mil	ler	23. If death was dua to extarnal causes (VIOLENCE) fill In also the	following:
MOTE	16. BIRTHPLACE	(city or town)			Accident, suicide, or homicide? Date of Injur	y, 19
E	(State or		Iva	1	Where did Injury occur?	
1,7	INFORMANT	(Puth	1King C	lerk,	(Specify city or town, count Specify whether injury occurred In INDUSTRY, In HOME, or In Pl	
17.	(Address)	ni	mitehin	e -		
18.	BURIAL, CREMAT	ON, OR MEMOVAL	WAR A		Manner of injury	
	Placa	epheidalo.	Date Feb.	10 ,1937	Neture of injury	
	/	melain	4 1	faide	24. Was disease or injury in any way related to occupation of dece	eased? 220
19.	(Address)	Plan les	toins?	male	If so, specify	,uovo
	0=	201	9 0	(1 . 0 .)	(Signed) BOotuness	A M D
11 00	ruco I	V- 104/ 1	08.0			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	A contract of the contract of	Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

	Z	L	7
IDIA	MANE	ACT	assifie
BIN	PER	EX	ly cl
MARGIN RESERVED FOR BINDIA	RANGE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	matibal should be carefully supplied. AGE should be stated EXACTL	CATISE OF DEATH in plain terms so that it may be properly classified
ED	HIS	pe	ho
CRV	X—T	pluor	VEAT
ESE	E	ES	24 14
Z	DING	AG	so th
RGI	VFAI	lied.	rms
MA	I U	supl	in to
	WITF	fully	n nla
4	,Y,	care	HI
	AINI	d be	DEA
	PL	houl	OF
	RIGIE	ion s	S.F.
No. 1	M	mat	5
Z	00		

TION is very important.

	MARYLAND-	CERTIFICATE OF DEATH	1740
1. PLACE OF DEATH	,	94-2	4
County Tresler	uk	Registration Dist. No.	
Village or City Bullingu	nik	No	St Ward
Length of residence in city or town where death occ	urrad PR yrsmos	f death occurred in a horpital or institution, give its NAME instead of common ds. How long In U.S. if of foreign birth?yrs	street and number)ds.
2. FULL NAME Dellest	moore		
(a) Residence: No.	29	St Ward.	
	sual place of abode)	If nonresident give city or	town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH Feb 26	, 193 7
5a. If merriad, widowad, or divorced HUSBAND of (or) WIFE of M BHG P	aling	22. I HEREBY CERTIFY That I	attended daceasad from
Yan A	24,0001	1967 to 900	, 19
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months	1 18 8 7	I last saw h alive on 2	, 19; death is said
7. AGE Years Months	Deys If LESS than I day,hrs.	to have occurred on the data stated ebova, atm. The PRINCIPAL CAUSE OF DEATH and ralated causes of imports	
	1 ormin.	were as follows:	Date of onsat
8 Trade, profassion, or particular kind of work done, as SPINNER,	uneed		
SAWYER, BOOKKEEPER, etc.	00	The Hoole	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9: Industry or businass in which work was done, as SILK MILL. SAW MILL, BANK, atc. 10. Date dacasad last worked at this eccupation (mosth and	- 0(/K	Congina- / xccors	
10. Date dacassed last worked at this occupation (month and year)	11. Total time (yeers) spent in this occupation	· · · · · · · · · · · · · · · · · · ·	
12. BIRTHPLACE (city or town) W VCe	,	Other Contributory Causes of Importance:	
(State or country)		2	
I 13. NAME C. C. MO-O	ul.		
13. NAME C. () NO. 4 14. BIRTHPLACE (city or town) (State or country)	Cu	Name of operation	Date of
E 15. MAIDEN NAME NOSA S	telanchia		there an europsy?
16. BIRTHPLACE (city or town)	S W	23. If death wes due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide?	following:
(State or country)	- Ma a 1	Where did injury occur? (Specify city or town, count	v and State)
17. INFORMANT PULL OCCUPANT	Moore Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in Pt	UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Suffee W Va Date	Warch 3 1937	Mannar of injury	
19. UNDERTAKER C. H. Fute	Y, Sow	24. Was disease or injury in any way related to occupation of deco	pasad?
(Addrass) / Syansuncho /	0//	If so, spacify	
20. FILED WW Z , 193 / Less A.	. Hadyca Registrar.	(Signed)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1 Man " 2 k	

mation should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state -WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

1. PLACE OF DEA	TH			CERTIFICATE OF DEATH	741
County	derick.	Within the C	Joi holyaya yilin	Registration Dist. No.	21
Village or City				No. 421 11. Market st.	Ward
Length of residence in o	ity or town where	deelh occurred	7_yramos	death occurred in a horpital or institution, give its NAME instead of street end n	umber)
2. FULL NAME	Mrs. Anı	na Lucre	ia Neig	hbours If U. S. Veteran, specify WAR NONE	
(a) Residence: No.	921 No	rth Mark (Usual place of	et Stree	- U/1	State
PERSONAL AN	ID STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Female Wr	or or race	5. SINGLE, MARR OR DIVORCED Widow	IED, WIDOWED, (write the word)	21. DATE OF DEATH Hebruary 20, (Month) (Day)	, 193_17(Year)
5a. If married, widowed, or div HUSBAND of (or) WIFE of		hue Neig	hbours	22. JHEREBY CERTIFY That I attended of the state of the s	deceased from
6. DATE OF BIRTH (month, de	y, and yeer)	February	12,1868	Mast saw h. Th. allve on July . 20 19 37	; death is said
7. AGE Years	Months	Oays	If LESS than I dey,hrs.	to heve occurred on the date stated above, et m.	
69	0	8	ormin.	The PRINGIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
8. Trade, profession, or pkind of work done SAWYER, BOOKKE	erticuler , es SPINNER,	School	red)	On none or my,	?
kind of work done SAWYER, BOOKKE 9. Industry or business i work was done, as SAW MILL, BANK, 10. Date decessed last w	n which	••••••			
SAW MILL, BANK,	etc	Public S			
10. Date decessed last we this occupation (me year)	onth and 6	11. Total tim	in this 16		
The second second		00.00	41011	Other Contributory Causes of importence;	
12. BIRTHPLACE (city or town (Stets or country)	Maryla	and		to bronia murrardite	
IS. NAME Cor	nelius	Bond			
13. NAME COP		T 020 d		Name of operation	10
	Hannal	n Englar		What test confirmed diegnosis? Physical Augusties there an e	
15. MAIDEN NAME 16. BIRTHPLACE (city or t	own)	ryland		23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of Injury	
17. INFORMANT Mis (Address) 921	s Mary l	F. Neighl	red. Md.	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ce.
18. BURIAL, CREMATION, OR	REMOVAL LOUI	nt Olive	t Cem.	Manner of injury	
Place Freder	ick, Md.	Date Feb	23,19.37.	Neture of Injury	
		on & Son Maryland		24. Wes disease or Injury in any way related to occupation of deceased?	10
20. FILEO 22- Tel.,	1937. 8	re 4. m	C. Grander Registran	(Signed) Trederich Med.	M. 0.
	If more	blanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis in 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH infor Jo Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? PHYSICIANS Length of residence in city or town where death occurred... statement Veteran, specify WAR ORD. (a) Residence: No. f nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Lwrite the word) (Month) 5e. If married, widowed, or divorced HUSBANO of 22. 1 HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly Years Months Days If LESS than to have occurred on the date stated above, at_ 7. AGE 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Oate of onset 8. Trade, profession, or particuler CCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.... be 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc..... pinou may 11. Total time (years)
spent in this 10. Date deceased lest worked at ŏ this occupation (month and 604 occupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) Name of operation plain (State or country) What test confirmed diagnosis? Wes there an eutopsy? efully HER 15. MAIOFN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important Accident, suicide, or homicide?_____ Date of injury_____ 16. BIRTHPLACE (city or town) DEATH (Stete or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury USE Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MAR 5 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	--------	---------	------------	----	-----------

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH	143
1. PLACE OF DEATH	210-700	1
County Freduckithin the Corporate William	Registration Dist. No.	
Village or City Tardens (If	death occurred in a hospital or institution, give its NAME instead of Megi and numb	Ward
	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME MILS COLLEGE OF	Pus If U.S. Veteran, specify WAR Vo	
(a) Residence: No. (Usual place of abode)	St., Ward. 5// Cathebral ave - Work	ingles
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	UNI
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) 193	37
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of July	22. I HEREBY CERTIFY, That I attended dece Zeb. 21, 1937, to Jub. 21	esed from
6. DATE OF BIRTH (month, day, end year) 23-1902 7. AGE Yeers Months Days If LESS than 1 dey, hrs.	I test saw h elive on Jahr. 21, 1937; de to heve occurred on the date steted above, et 10.15 Åm. The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:	
8 Trade profession or particular	On .	te of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Fracture of Skull &	b. 21
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	,	
SAW MILL, BANK, etc		
this occupation (month end 20 13 year) spent in this occupation	5	
AS DIDTUDI OF (-)	Other Contributary Causes of Importence:	
12. BIRTHPLACE (city or town) (Stete or country)		
II 13. NAME WA DO STORAGE		
13. NAME WA S. Starves 14. BIRTHPLACE (city or town)	Neme of operation howe Oete of	
(Stete or country) Wiss Olari	Whet test confirmed diagnosis? Wes there en autop	ev? ho
15. MAIOEN NAME VOCANIE Pail	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:	3,12-12-1
15. MAIOEN NAME Joannie Holling 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? a cardent Dete of injury feb 21	19.3.7.
State or country) Par -	Where dld injury occur? Route # 40 - South hountar	
17. INFORMANT MIS b. J. Dells - Sister 1. (Address) 5/73 Fuller St. D. W. Wrigh he h	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Public Hishway	
18. BURIAL, CREMATION, OR REMOVAL madingles 2. 5.	Menner of injury automobile accident	
Plece Las III Cans Oate 4 Tila, 193/	Nature of injury Fracture of Skull	
19. UNDERTAKER Dac S. H. Herries Ceo.	24. Wes disease or injury In any wey releted to occupetion of deceased? Au	
20. FILED 21 - Lely , 1987 Sym Couly Registrar.	(Signed) Frank Devorthington (Address) Frederick - hid.	M. 0.
	2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1.	

all alexan

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il en	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis F. 1 1 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPAstated EXACTLY. PHYSICIANS properly classified. Exact statement MARGIN RESERVED FOR BINDI TION is very important. See instructions on back of certificate. AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PL

V. S. No. 1

STATE OF MARY	LAND-	CERTIFICATE OF DEATH	44
1. PLACE OF DEATH		(210-m)	
County Hackerick		Registration Dist. No. 138	
Village or City Mr. Succession	2	No. St., f death occurred in a horpital or institution, give its NAME instead of street and number	Ward
Length of residance in city or town where death occurred	_yrsmos		1
2. FULL NAME Bensamin Elewon	Thorno	If U.S. Veteran specify WAR	
(a) Residence: No.	-	St., Ward.	
(Usual place of a		If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICL 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DAVORCED (1)	write the word)	21. DATE OF DEATH 7. 6 (Month) (Day) (193	7 Year)
5a. If marriad, widowed, or divorced HUSBAND of			
(or) WIFE of		22. THEREBY CERTIFY, That I attended decease	sed from
6. DATE OF BIRTH (month, day, and year) \ 19. [917	I last saw h. in alive on Feb 3-th 1937 deat	h is said
7. AGE Yaars Months Days	If LESS than	to have occurred on the date statad above, at	
	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara as fallows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER BOOKKEFEER atc.			30,1937
SAWYER, BOOKKEEPER, atc.			
work was done, as SILK MILL, SAW MILL, BANK, atc			
10. Date deceased last worked at this occupation (month and year)	n this		
12. BIRTHPLACE (city or town) & . Ar house		Other Contributory Causes of Importance:	
(State or country) Thederich Loo	. Inte	skull ribs and lankle for	ughy
13. NAME Benjamin F. Sorwo	od .		
14. BIRTHPLACE (city or town) Is a clesich &	on Jak	Name of operation Date of	
(State or country)		What tast confirmed diagnosis? Clince al Was thara an au'ops	"na
15. MAIDEN NAME	227	23. If death was due to external causes (VIOLENCE) fill in also the following:	. ~
16. BIRTHPLACE (city or town) Jacksus 16. (Stata or country)	ark.	Accidant, suicida, or homicide?	19.3.7
(State of County)	1	Whare did Injury occur? (Specify city or town, county and State)	
17. INFORMANT SAME STANDARD OF THE SAME SAME SAME SAME SAME SAME SAME SAM	rick	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	lace
18. BURIAL, CREMATION, OR REMOVAL	and the second	Mannar of injury Struck by automobil	2,0
Place Sub-unilain Shumbata Hel	1 9 , 19.3 /	Nature of injury freetured skill, ribe and an	the
19. UNDERTAKER Sillon & Daniele	The	24. Was disaase or injury In any way related to occupation of decaased?	
(Address) Hyperby boron fr	200 "	If so, specify PRoud	
20. FILED Jef I 1937 ducay K. to	Registrar.	(Signed) Mew Warter Wil	y-M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

pal cause of death and related causes need ago along the street car and related causes Date of onset ago along the street car and related causes Date of onset ago at the street causes Date of onset ago at the stre
street car 1 week ago
1 week ago
3 days ago
ributory causes of importance: 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

1. PLACE OF DEATH	•	820	2 ./
County Tre Der	iek	Registration Dist. No.	24
Village or City	tolened (St.	Smeffly (allege) St.	Ward
	//	death occurred in a horpital or institution, give its NAME instead of street and n	
Length of rasidanca in city or town whara	daath occurradyrs,mos	How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME BULL	Clounds (Ar.	Change U.S. Veteran, specify WAR	
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July (3	100
Temsle white	Single	(Month) (Day)	(Year)
5a. If marriad, widowed, or divorced HUSBAND of		22. VHEREBY CERTIFY. That I ettangled	formed from
(or) WIFE of	AL COURT PROPERTY AND ADDRESS OF THE PARTY.	Sept 1 10 21 to Fift 8	10 9
1	.0.113-1840	I last saw h la aliva on & Q & 1936	: death is said
S. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months	Days If LESS than	to heve occurred on the data statad above, at A m.	, death is said
O /	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end reletad causes of importance	
00 0	Z 0 ormin.	were as follows	Date of onset
8. Trade, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Sister of Charite	Observe Och Sol	71/36
9. Industry or business In which	001	Librar Summer of contains	1.7.2.0.
work was dona, es SILK MILL, SAW MILL, BANK, atc	telegiones		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11 Total time (years) spent in this		
year)	occupation	Other Control at an Consent Importance	
12. BIRTHPLACE (city or town)	shound	Other Cantributery Causes of Importance:	
(State or country)	Pa.		
13. NAME Cleuby one	O'Carris		
13. NAME Cleuderose 14. BIRTHPLACE (city or town)	to hereals	Name of operation Date of	
(Stata or country)	Pa	What test confirmed diagnosis was there an e	utonsv?
I 15. MAIOEN NAME ALL	Berne	23. If daath was due to externel causes (VIOLENCE) fill in elso the following	
15. MAIDEN NAME DE STATE (State or complex)	tto 12	Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town) (State or pountry)	Paris	Where did Injury occur?	
No. 741 024	Losella	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	e)
17. INFORMANT (Address)	taking tel	Specify whether injury occurred in the object, in nome, or in to be to the	100.
18. BURIAL, CREMENON, OR REMOVAL		Manner of injury	
Place Jamitsburg 4	(eSpata 2/2) 19 3/	- Nature of injury	
8 2 to	00.	24. Was disease or injury in eny wey related to occupation of deceesad?	no
19. UNDERTAKER	fill tul	If so, spacify	
DI F	me of the	(Signed) Morris about	_ M 1
20. FILEO 1. 19.3.7	M. P. Shuff	(Address)	Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-	state	UPA-	
14	Jo	pln	000	
X	item	sho	of (
Popular I	A PERMANENT RECORD. Every item of infor-	ated EXACTLY. PHYSICIANS should state	operly classified. Exact statement of OCCUPA-	
	RD.	YSI	stat	
	RECO	. PH	Exact	
-	ENT	r L Y	ed.	
OR BINDIN	IANI	ACT	ssifi	
BIN	ERN	EX	r cla	d
8	1 P	ed	erly	4ifesto
0		at	10	+

	County	Frede	rick	nt. aletape	e Couporate Ili	Registration Dist. No.	.
	Village or	City	rederic		(1	No. Frederick City Hospitalst, f death occurred in a horpital or institution, give its NAME instead of street and number	War
	Length of r	esidence in cit	y or town where	deeth occurred	yrsmo:		d
2	. FULL N	AME G	orge V	ilbur P	earl	If U. S. Veteran, specify WAR none	
	(a) Resid	ence: No	as	Quel place		udst., Ward. Adamstown, Md., If nonresident give city or town and State	
sosema	PERSO	NAL ANI	DSTATIST	ICAL PART	1 701	MEDICAL CERTIFICATE OF DEATH	
3. S		4. COLOR	or race	5. SINGLE, MAR	tRIED, WIDOWED,	21. DATE OF DEATH Leuran 24 193	7 Yeer)
5a.	If married, wid HUSBAND of	lowed, or divor	inia Bo	ระเรา ก ศ ต		22. I HEREBY CERTIFY That I ettended deces	
	(or) WIFE of	A TT 8-	LIIIA DO	MILLES		February 16 19 37 10 Februar 24	9.3
6. D	ATE OF BIRT	H (month, dey,	end yeer) Se	pt. 21,	1907	I lest saw ham alive on Felt. 24 ,1992; deel	hiss
7. A		reers	Months	Days	If LESS then	to heve occurred on the dete steted above, et 2:40 P.m.	
		29	5	23 Truck Dr	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:	a of en
OCCUPATION 12.	10. Dete dece this or year)	(city or town).	which LIK MILL, ic control of the end 2/37	OG0	iime (years) 6 ntin this 9 upetion	Lement hold & probably moder 2/ sing bernardage outs the corpus collosums of the Corlable cause of the subsection bearmaning of Other Contributary Causes of importance: Unknown.	16/ Oh.
ER.	13. NAME			Pearl.			
FATH	14. BIRTHPLA (State	CE (city or tov	Maryl	and		Name of operation Dete of	,)n
HER-	15. MAIDEN I	NAME Da:		ockman		23. If death was due to externel ceuses (VIOLENCE) filt in elso the following:	
MOTHER		CE (city or tov	vn)Mar	yland		Accident, suicide, or homicide? Dete of injury	19
_	INFORMANT		Geo. W.	Pearl.		Where dld injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREM	ATION, OR RE	MOVAL	efferso	n, Md	Menner of Injury	
	Plece St	Paul	s Cema	oeteFeb.	27, 1937	Nature of Injury	
19.	UNDERTAKER (Address)	M. R.	Etchis edericl	son & So	n.	24. Wes disease or injury in any way related to occupation of decessed?	6
20.	FILED 5	Freh., 1	37. a	u C	An Curl Registrar.	(Signed) Charles A. Gulley (Address) Buckeristamine Viel	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial he	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 5 1937	July 5,1927	Peritonitis ,	3 days ago	
	BUREAU V. B.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	1743
1. PLACE OF	EATH			units. 10	121
County 2	reder	cek	the Oor por	Registration Dist.	No.
Village or City_	Jorede	nich		No. 16 BIOCOL	St., Ward
Length of residenc	e in cilv or town where	death occurred	1/ vrs 6 mo	death occurred in a hospital or institution, give its NAME instead	of street and number)
2. FULL NAME	L	e 000	0000000	W. U. S. Veteran, specify WAR	
(a) Residence:	.10	10.0.	OI A	900	<i>y-100</i>
(a) Residence.	14.0 150	(Usual place	of abode)		ly or town and State
	AND STATIST	-		MEDICAL CERTIFICATE OF	DEATH
	COLOR OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	10
Terrall	white	Wido	wed.	(Month)	(Year)
5a. If married, widewed, of HUSBAND of (or) WIFE of		20		22. A I HEREBY CERTIFY, TI	hat I attended daceased fro
(or) WIFE OF W	ellan	T. Pedd	reard	June 1936, to Deb	1937
6. DATE OF BIRTH (mon	th, day, and year)	uea: 10, 1	1865	Tlest saw her elive on Jeb. 17	19_37_; daalh is sei
7. AGE Years	Months	Days	If LESS then 1 day,hrs.	to heva occurred on the date stated ebove, at 12 - 4.	
71	6	8	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of in ware as a priority of the second	mportance Date of onse
8. Trede, profession kind of work	, or particular dono, es SPINNER, X DKKEEPER, etcX	Toling 11.	Aila	cem. onyrarairis	1925
9. Industry or busin	ness in which		manye	resulting from	· · · · · · · · · · · · · · · · · · ·
SAW MILL, B.		Name	ر	Carry July Organia	4.
- tina occupatio	n (month end	spa	time (yaars) ant In this		
year)OC	4.,1936	000	supation46	Other Contributory Canage of Importenca:	10
12. BIRTHPLACE (city or (State or country)	town)	dereck	County,	For Freumonia	Heb. 13/3
	1 1 1 1 1 1 1 1	mol.	0		
	and a	e la Comer	k Co.		
14. BIRTHPLACE (cit		mol	<i>l</i> .	Neme of operation	Wee there on outcome? H (
15. MAIDEN NAME	Sarales	asser C	hanker	23. If death was due to external ceuses (VIOLENCE) fill In el	
15. MAIDEN NAME	y or town) Or		Carrente	Accident, suicide, or homicide? Date of	
€ (Stete or cou	niry)	med	. 0'	Where did injury occur?	
17. INFORMANT WA	Ellan E	· Pedde	rard	(Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, or	county and State) r In PUBLIC PLACE.
(Addrass)	Frede	riex r	rd,		
18. BURIAL, CREMATION, Placa Oak	LLO DO CO A	The now 2/1	118: 1024	Manner of injury	
3relo	trick Co.,	Date 4/2	0/11,1937	Nature of injury	/la.
19. UNDERTAKER C.=	Z. Clein	+ Lou		24. Was diseasa or injury in any way related to occupation o	f dacaasad?
(Address)	an 9	recon.	(d.	If so, specify (Signad)	P
20. FILED 17	190	W Th	Registrar.	(Address) Lonederick	md.
	If mor	e blanks are needed,		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related caus of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:		
Chronic interstitial nephritis	1918	Attack of epilepsy Run over by street car	1 week ago	
Cerebral hemorrhage MAR 5 1937	July 5, 1927	Peritonitis	3 days ago	
mia D.S. V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIAN
-------------------------------------------------	--------

Or Ban far

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1748
1. PLACE OF DEATH /	940	2
County Frederick	Registration Dist, No.	21
Village or City Frederick nontioned	2 No. monteure dome st.	Ward
2 2 ()	death occurred in a hospital or institution, give its NAME instead of street and	
	·	vsus.
2. FULL NAME William Price	If U. S. Veterall, specify WAR	•••••
(a) Residence: No.	Wald . If nonresident give city or lown and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gurite the word)	21. DATE OF DEATH of	~
Male Willed Widower	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of	22. I. HEREBY CERTIFY, That I attended	deceased from
(or) WIFE of Clara Harper	nor 1933, to Feb 26	1937
6. DATE OF BIRTH (month, day, and year) Turkershow	I last saw h ative on Felt 26 ,19.3	; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
7 % () 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER,		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MtLL, SAW MtLL, BANK, etc. 10. Date deceased last worked at this occupation (month and	J44-26	78420
work was done, as SILK MILL, daluer -	General Lectoris	-
10. Date deceased last worked at this occupetion (month and spent in this	4	
year) occupation occupation	Other Coatributory Causes of importance:	
12. BIRTHPLACE (city or town) unknown	Other Control of Control of Importance.	
(State or country) manyland.	Unless Selerosis	1832
13. NAME 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) V / Company	What test confirmed diegnosis? Was there an	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fitl in also the following	
O 16. BIRTHPLACE (city or town)(State or country)	Accident, suicide, or homicide?	, 19
D +1 1 - Ch. b	Where did Injury occur? (Specify city or lown, county and Sta	le)
17. INFORMANT Out of the Agrical Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Monteure Date 1/28 , 1937	Neture of injury	
10 HADERT AVERSON & Coline Hom	24. Was disease or injury in any way related to occupetion of deceased?	d
19. UNDERTAKER (Address)	If so, specify	
20 54527 786 1931. Str. 9 hu. C. D.	(Signed) Bolling	
Registrar	(Address) Tradericky M	d
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 3	July 5, 1927	Peritonitis	3 days ago
SUPPACE V B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE (F MARYLAND—CERTIFICATE	OF DEATH
1. PLACE OF DEATH	the Corporate marker.	

-1749

1. PLACE OF DEATH	not at militar
County Frolerich (6 winter the Cort	Registration Dist. No.
Village or City Frederick City	No. Frederick leely Hapt St., Ward
	death occurred in a hospital or institution, givents NAME instead of street and number) ds. How long in U.S. If of foreign birth?ms
2. FULL NAMES Lulia Purham	(Purdum) If U. S. Veteran, specify WAR Thomas
(a) Residence: No. La Larland - md	St. Ward Clausabur Marito Ma
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write tha word)	21. DATE OF DEATH 22 102 7
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of William Purolum,	1 HEREBY CERTIFY. That I attended daceased from 7 to 7 to 7 to 2 1937
6. DATE OF BIRTH (month, day, and year) Land 24-1516	I last saw her aliva on Feb 22, 19.37; death is said
7. AGE Years Months Days If LESS than	to hava occurred on the date stated abova, at 11,30 m.
29~ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, House SAWYER, BDDKKEEPER, etc. House Wile	acute Neglinting
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	accompany heldbuth
11. Total time (years) this occupation (month and years) spent in this occupation 5 years)	
12. BIRTHPLACE (city or town) Montyon Co	Other Centributory Causes of Importanca:
(Stata or country)	Elles.
13. NAME ofgar W & ario	
13. NAME Agar 21 Paris 14. BIRTHPLACE (city or town) Monthly (State or country)	Name of operation 10000 Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Made Walkering 16. BIRTHPLACE (city or town) Markeyor (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Manual Company (Stata or equality)	Accident, suicide, or homicide?
17. INFORMANT Pofert Windson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Comestalle May	
Place Darla Sturg not Date 2 of 25 1937	Nature of injury
19. UNDERTAKER Proy 20 Barber	24. Was disease or injury In any way related to occupation of decaasad?
(Address) Catherburg my	If so, specify
20. FILED 2 3 - Jeh., 1937. Bh. J. Th C. Curdy, Registrar.	(Signad) Auders) M. D. (Address) Audersil audersil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
----------------------	---------	------------	----	----------	---

B

(Address)

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	SH
1. PLACE OF DEATH			00
County Firederica	6	Registration Dist. No. 13	/
Village or City	i La Mauten	& No Emergency Langetta	1) Wood
Village of City	(III	death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where death	occurredyrs,mos	ds. How long in U.S. if of foreign birth?mos	ds.
2. FULL NAME Gerald	(Tathen hoz	Jel W. S. Veteran, specify WAR Thut wes	erun
(a) Residence: No. 51.3 £. C	hurch St. Fir (Usual place of abode)	Agerica Ward. Systemille If nonresident give city or town and S	Mud ;
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH fref. //	193. 7
5a. If married, widowed, or divorced HUSBAND of	7	The state of the s	11000
(or) WIFE of		1 HEREBY CERTIFY, Thet I attended do	eceased from
6. DATE OF BIRTH (month, day, and yeer) Que	19 1936	I last saw h in elive on feet 11 - 1937:	death is said
7. AGE Years Months (Days If LESS than	to have occurred on the date stated ebove, at//_P.m.	gouth 13 sold
0 5	23 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	New Born	Brancho Francoura	Fel 8
Notes that the second of the s			
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation		
l. b	nill.	Other Contributory Causes of Importance;	
12. BIRTHPLACE (city or town) (State or country)	maryland		
W 13. NAME THERE	1 mil		~~~~~
13. NAME TUSTION 14. BIRTHPLACE (city or town).	b marin	Name of operation	
(State of country)		What test confirmed diegnosis? Was there an au	lopsy? Dw
15. MAIDEN NAME Rose Rathe	starter.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Class.	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)		Where dld injury occur?	
17. INFORMANT Miss adulater. (Address) Frederick	ger Emergency Ho	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Output Description:	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Brook Hill Comb	fellandprings	Manner of injury	
MOGI	- 111	7	

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	I		Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago
Arteriosclerosis	4 - 4 6	1915	Attack of epilepsy	
Chronic interstitial nephritis	Carrier and and and	1931	Run over by street car	1 week ago
Cerebral hemorrhage	MES	July 5, 1927	Peritonitis	3 days ago
	MA	2 5 10	7	
Other contributory causes of impo	ortande:		Other contributory causes of importance:	
Gallstones	BU F	May 1,1923	Castroenteritis	1 year

1		TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	1
	1. PLACE OF DEAT	гн Frederi	ماد		(95%)	
	Village or City	ackeysto			Registration Dist. No. /3 o	
					death occurred in a hospital or institution, give its NAME instead of street and nu	
					ds. How long in U.S. if of foreign birth?yrsmos.	ds.
1	2. FULL NAMECL	antha A.	Remsby	irg	If U. S. Veteran, specify WAR	
	(a) Residence: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and S	late
	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		r or race nite	OR DIVORCE	RIED, WIDOWED, D (write the word) Cied	21. DATE OF DEATH (Month) (Day)	193 / (Year)
5a	. If married, widowed, or divo HUSBAND of (or) WIFE of Cave	e W. Rem	sburg		22. I HEREBY CERTIFY, That I MARKEY	anyson
6.	DATE OF BIRTH (month, day	, and year) Jan	.16.188	38	I last saw h alive on	death is said
7.	AGE Years 49	Months	Days 25	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
OCCUPATION	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as S SAW MILL, BANK, e 10. Data deceased last wor	as SPINNER, PER, etcH which SILK MILL, etc			Nearh Disease	
-	this occupation (more year)	1937	spai occi	me (years) nt in this spation 25	Other Centributery Causes of Importance	
12	BIRTHPLACE (city or town). (State or country)	Harmon	yMd		Had no ply amon, death very	
ER	13. NAME Ezra	C. Bake	r		- QUANTER !	
FATHER	14. BIRTHPLACE (city or to (State or country)	wn) Har	mony, A	ld.	Name of operation Date of What test confirmed diagnosis? Mesting the specific Was there an aut	oney? Ho
HER	15. MAIDEN NAME	Mary Gui	lbert		23. If death was due to external causas (VIOLENCE) fill In also the following:	
MOTHER	16. BIRTHPLACE (city or to (State or country)	wn)Ha	rmony		Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17. INFORMANT Cave W. Remaburg (Address) Frack Buckeystown, Md.					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVABRETH. Cem. 2/14,19.37					Manner of injury	
19	UNDERTAKER Gladi	nill Com			24. Was disease or injury In any way related to occupation of deceased?	
20	FILED TIES 14, 1	9.3.7	Jones	A Co C C C L Registrar.	(Signed) (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related eauses Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
----------------------------	----------------------------

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 1752
1. PLACE OF DEATH	92-0)
County / Colluck	Registration Dist. No. 166
Village or City Man. Heederck	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Linda M. Sammer	th;
(a) Residence: No. near Fredly	CASt. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR BACE 5. SINGLE, MARKTED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or gyorced HUSBAND of	
(or) WIFE of your Janually.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) LOLE. 1, 1898	I last saw with elive on 1937 death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 70%, m.
38 2 /5 1 day,hrs.	
8. Trade profession or particular	Date of oneset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Cardiac Valvula Leion ?
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this securation (month and	
10. Date deceased last worked at this occupation (month and year)	
12, BIRTHPLACE (city or town) - Maryland.	Other Coatributory Causes of importance:
(State or country)	Olo 17
13. NAME George Hartsock.	www.
13. NAME George Harbock. 14. BIRTHPLACE (city or town) Marshaud.	Name of operation Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 224_
15. MAIOEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) May faufock ' (State or country) May faufock '	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mus. Bessile Bally	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) frederick R.F.20,	
18. BURIAL, CREMATION, OR REMOVAL Place	Manner of injury
A Dan P O O RIVER	Nature of injury
19. UNDERTAKER I Wad Hymnaf Home (Address) Fuederick Mar.	24. Was disease or injury in any way related to occupation of deceased? No.
20. FILED / 9- Feb., 1937. V. Otis Dandre clasor	(Signed) A 1 Journe M. (Address) Hederes md
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 3	July 5,1927	Peritonitis	3 days ago	
WINEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDI

		STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	1100
1	. PLACE OF DE	ATH	within the C	locustate herita	722	21
	County Fred	erick			Registration Dist. No.	2
	Village or City	Frederic	k	2	No. 33 S. Bentz . St.,	Ward
	Langth of residence In	n city or town where	death occurred	5 Vrs mis	death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. If of loraign birth?yrs	
-	. FULL NAME	A STATE OF THE SAME		7	If U. S. Veteran, specify WAR None	
•	(a) Residence: No.			- ulo		,000===0=====
action or	(a) Residence. No.	•	(Usual place	of abode) Trede	St., Ward. If nonresident give city or town and	l State
	PERSONAL A		ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
		LOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH February 8th.	7
-		olored	Harr	ied	(Month) (Day)	(Year)
ba.	If merried, widowad, or d HUSBAND of (or) WIFE of	livorced Della Jen	les no		22, I HEREBY CERTIFY, That I attended	deceasad, from
	(or) wire or				my jot 10 they 8	190
6.	DATE OF BIRTH (month,	day, and year)	May 4, 1	.858	I last saw h. im. aliva on 120 8 25A	_; death is said
7.	AGE Years	Months	Days	II LESS than I day,hrs.	to have occurred on the date stated above, stated above,	
_			4	ormin.	The PRINCIPAL CAUSE OF DEATH and rainted causes of Importance were as follows:	Date of onset
NO	8. Trada, profession, or kind of work do	r particular na, as SPINNER, KEEPER, etc	Labore	r		
OCCUPATION	9. Industry or busines:	s in which			Same Markey Street	
CUP	work was done, s SAW MILL, BAN				Julian.	Mad.
00	10. Data deceased last this occupetion (worked et month and 0.70	11. Totai	time (yaers) ent in this 50		
-	year)tla	11. 1906	oc	upetion	Other Contributory Causes of Importance:	
12.	BIRTHPLACE (city or tow	vn)Tary	rland		N. H. C.	
~	(State or country) 13. NAME Geor	0				
FATHER	20. HANNE					
FA	14. BIRTHPLACE (city of	r town)	yland		Nama oI oparation	
ER	15. MAIDEN NAME	lizabeth	Diggs		23. Il daath was due to externel causes (VIOL ENCE) fill in also the loilowin	
MOTHER	16. BIRTHPLACE (city of	r town)			Accident, suicida, or homicida? Date of injury	•
ž	(State or country		land		Where did Injury occur?	
17.	INFORMANT Mrs.	G. M. S	Sewell		(Specify city or town, county and Ste Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PI	ite) _ACE,
		derick,	Md.			
18.	BURIAL, CREMATION, OF	ick. Md.	irview	Cemetery	Manner of Injury	
_	r lace				Nature of Injury	*/
19.		R. Etchi derick,			24. Wes disease or Injury in any way related to occupation of deceased?	!XO
	- 0		A .	1	if so, specily(Signed)	M. D.
20.	FILED & Jely	, 195.7	Of. TY	Herrify Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5	July 5,1927	Peritonitis	3 days ago
BUREAU V S. J.			1 1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	-	_	T	6.6
MARGIN RESERVED FOR	WRITE PLAKELY, WITH UNFADING INK-THIS IS A I	nation should be carefully supplied. AGE should be stated	AUSE OF DEATH in plain terms, so that it may be properly	10N is vary important. Son instructions on back of cartifica
F	IS	st	pr	Cer
Q	SIII	pe	pe	of
V	E	pli	ay	ok
ER	K-	hou	t m	, c
SS	Z	ES]	t ii	On
RI	5	₹G]	tha	SHO
Z	DIA	4	80	cti
G	FA	ied.	ns,	zf Pa
AR	Z	ppl	terr	ins
M	I	su	in	700
	E	illy	pla	
3	×	refu	ij.	ant
6	Z,	cal	LH	ort
	5	be	EA	m
	CA	pli	\Box	4
	4	hor	OF	VA
	TE	n s	E	U
	RI	tion	US	Z
_	1	4	- 9	Į,

	F DEATH					2-0)		9
County_F	rederic	ck				Registr	ration Dist. No	10
Village or	City Jeff	Cerson	n		No.			_St.,
Length of res	sidence In city or	town where	death occurred	74 vrs 7 mo	f death occurred in a hospital	al or institution, give its n U.S. If of foreign bir	NAME instead of a	treet and number)
2. FULL NA						Veteran, specify W		
(a) Reside	To		son, Mo				N	
(a) Reside	nce: No.			ace of abode)	St.,Ward		esident give city or	town and State
PERSO	NAL AND S	TATIST	ICAL PAR	TICULARS	MEDI	CAL CERTIFIC	ATE OF DE	ATH
male	4. COLOR OR Whit		5. SINGLE, M. OR DIVOR	ARRIED, WIDOWED, CED (write tha word)	21. DATE OF DE	EATH Febr	uary 13	th., 1937
HUSBAND of (or) WIFE of		e Zim	merman		22. HEI	REBY CER	TIFY, That I	
DATE OF BIRTH	(Ab AA	т.	337 0	7000	I last saw h im all	lue on	00 19	27
AGE Ya	ars and	Months	uly 8,	1862	to have occurred on the	date stated above, at	6.15Pm	, 19.5. ; death
	4	7	5	1 day,hrs.	The PRINCIPAL CAUSE			nca
2 Trade profe	and I	lar .	1		were as roundle	SPN	reroen	Date of
kind of	8. Trade, profession, or particular kind of work done, as SPINNER, Retired SAWYER, BOOKKEEPER, atc.							
SAWYER, BOOKKEEPER, atc.				1	/www	00		17
9. Industry or	businass In which	atc	ne ller		Hum	0		7.
9. Industry or work we SAW MI	businass In whices done, as SILK ILL, BANK, etc	MILL, Ge	n. Mer	chant	ynon	0		- /
9. Industry or work we SAW MI	businass In whice es done, as SILK ILL, BANK, etc sed lest worked	MILL, Ge	n. Mer	chant	Anon			
9. Industry or work we SAW MI	businass In whices done, as SILK ILL, BANK, etcsed lest worked a upation (month ar	MILL, Ge:	n. Mer		Other Contributory Can	ses of Importence >	<i>11</i> .	/2
9. Industry or work we SAW MI 10. Dete deceathis occur year)	businass In whices done, as SILK ILL, BANK, etcsed lest worked aupation (month ar	chill, Ge: et 192' Jeffe:	n. Mero	chant al time (years) 30	Other Contributory Cana	see of importence:	Lenny	W 12
9. Industry or work we SAW MI 10. Dete deceathis occurrence year)	businass In whices done, as SILK ILL, BANK, etc sed lest worked (upation (month ar ity or town)	Mill, Ger 192' Jeffe rylan	n. Merc 7 11. Tota 7 rson d	chant al time (years) 30	Other Contributory Cau	ses of importence:	Lennry	12 12 Fee
9. Industry or work we SAW MI 10. Dete deceathis occurrence year)	businass In whices done, as SILK ILL, BANK, etcsed lest worked aupation (month ar	mill, Ger d 192' Jeffe rylan Shaff	n. Merc 7 11. Tota 7 rson	chant al time (years) 30	Other Contributory Can	ses of Importence:	Jenny 4	1 12 12 12 12 12 12 12 12 12 12 12 12 12
9. Industry or work with SAW MI 10. Dete deceathis occupear) 2. BIRTHPLACE (c (Stata or could label the same of the same o	business In whice so done, as SILK (LL, BANK, etc sed lest worked (upation (month arbitry) Mari	Mill, Ger 192' Jeffe rylan	n. Merc 7 11. Tota 7 rson	chant al time (years) 30	Other Contributory Cause	ses of importence:	Yennsy 4	74 Fee 134
9, Industry or work with SAW MI 10. Dete deceathis occupear) 2. BIRTHPLACE (c (Stata or could shall be shal	businass In whice so done, as SILK (LL, BANK, etc sed lest worked (upation (month arbitry) Marither (E (city or town) E (city or town) or country)	hill, Ge: 192' Jeffe rylan Shaff Mary	n. Merc 7 11.70ta rson d	chant al time (years) 30	Olh			
9. Industry or work with SAW MI 10. Dete deceathis occupear) 2. BIRTHPLACE (c (Stata or could state of cou	business In whice so done, as SILK (LL, BANK, etc sed lest worked aupation (month arbitry) Mari	chill, Ger de 192' Jeffe rylan Shaff Mary	n. Mercon 11. Total section of the s	chant al time (years) 30	Neme of operation	gnosis?	Was 1	there en autopsy?:
9. Industry or work with SAW MI 10. Dete deceathis occupear) 2. BIRTHPLACE (c (Stata or could state of cou	business In whice so done, as SILK (LL, BANK, etc sed lest worked aupation (month arbitry) Mari	hill, Ge: 192' Jeffe rylan Shaff Mary	n. Mercon 11. Total section of the s	chant al time (years) 30	Neme of operation	gnosis?xternal causes (VIOLE	NCE) fill In elso the	there en autopsy?:
9. Industry or work with SAW MI 10. Bete deceathis occupear) 2. BIRTHPLACE (C (Stata or cot 13. NAME 14. BIRTHPLAC (State or 15. MAIDEN NA 16. BIRTHPLAC	business In whice so done, as SILK (LL, BANK, etcsed lest worked aupation (month arbitry) Mariantry) Mariantry Mariantry (E (city or town)r country)	chill, Ger de 192' Jeffe rylan Shaff Mary	n. Mercon 11. Total section of the s	chant al time (years) 30	Neme of operation	gnosis?xternal causes (VIOLE) micide?	NCE) fill In elso the	there en autopsy?: following: ry, 19.
9. Industry or work with saw Mil 10. Dete deceathis occurrence (State or cot 13. NAME I 14. BIRTHPLAC (State or 15. MAIOEN N/ 16. BIRTHPLAC (State or 16. BIRTHPLAC (Address)	business In whice so done, as SILK (LL, BANK, etc sed lest worked a upation (month arbitrary) Manager (City or town) Lither SE (city or town) EE (city or town) EE (city or town) For country) Liss. M. Jeffer:	Jefferyland Shaff Mary en William Wittle son,	n. Merce 7 11. Tota 5 12 13 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	chant Il time (years) 30 Increpation 30 Increpation 30	Neme of operation	gnosis? xternal causes (VIOLE) micide?? (Specify	NCE) fill in elso the Date of injur	there en autopsy?: following: y, 19.
9. Industry or work with SAW MI 10. Dete deceathis occupear) 2. BIRTHPLACE (C (Stata or could be seen the seen this occupear) 14. BIRTHPLAC (State of State	business In whice so done, as SILK LIL, BANK, etc sed lest worked a upation (month arbity or town) Litter SE (city or town)	Jefferylan Shaff Mary Mary yrtle	rson d land se. land V. Sha	chant al time (years) 30 coupation 30 coupation 30 aff.	Neme of operation	gnosis? xternal causes (VIOLE) micide?? (Specify	NCE) fill in elso the Date of injur	there en autopsy?: following: y, 19.
9. Industry or work with SAW MI 10. Dete deceathis occupear) 2. BIRTHPLACE (C (Stata or could be seen the seen this occupear) 14. BIRTHPLAC (State of State	business In whice so done, as SILK LIL, BANK, etc sed lest worked a upation (month arbity or town) Litter SE (city or town)	Jefferylan Shaff Mary Mary yrtle	rson d land se. land V. Sha	chant Il time (years) 30 Increpation 30 Increpation 30	Neme of operation	ignosis?	NCE) fill in elso the Date of injur	there en autopsy?: following: y, 19.
9. Industry or work with SAW MI 10. Dete deceathis occupear) 2. BIRTHPLACE (C (Stata or cot 13. NAME I 14. BIRTHPLAC (State or Cot 15. MAIOEN N/ 16. BIRTHPLAC (State or Cot 16. BIRTHPLAC (Address) 8. BURIAL, CREMA Place 9. UNDERTAKER	business In whice so done, as SILK (LL, BANK, etc) sed lest worked (upation (month arbitry) Manuther (see (city or town) or country) AME Elle (city or town) or country) Liss Manuel Country Jeffer, TION, OR REMONES	Jefferyland Shaff Mary en William Wille Son, value Etchi	rson d land se. land V. Sha	chant If time (years) 30 coupation 30 coupa	Neme of operation	ignosis? xternal causes (VIOLE) mlcIde? ? (Specify occurred in INDUSTRY	NCE) fill in elso the Date of injur city or town, count, in HOME, or in Pt	there en au'opsy?: following: ry, 19. y and State) UBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy_	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

V.S. No. 1

Length of residence in city or town where death occurred and yyrs	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Willege of City Transmission, give in NAME instead of street and numbers of the death occurred of the street and numbers of the NAME instead of street and numbers of the NAME instead of street and numbers of the Name of th	1. PLACE OF DEATH	(93'0)
Willege of City Track. Ward Length of residence in city or town where death occurred and the common control of the control o	County Trederick within the Col DOLA	Registration Dist. No.
2. FULL NAME (a) Residence: No. 250 (Userplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED, OR DIVORCED (write the word) 5a. If married, widowad, or divorced (or) Wife of Months, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day And Of work dome as SPINNER, Value Solution of Work dome as	Villago or City Frederick med.	No. 250 E. Ward St. Ward
2. FULL NAME (a) Residence: No. (Usus place of a bods) (Usus place of a bod	(If Length of residence in city or town where death occurred 20yrsmos	
(a) Residence: No. 250 (Usus place of a bode) (Month) (Day) (Oby) (Oby) (Oby) (Oby) (Obs)	le soll	71
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried (Month) 12. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended decessed from 15.5		Ct Ward
3. SEX 4. COLOR OR RACE OR DIVORCED (where the word) Name of operation. 12. BIRTHPLACE (city or town) 13. SINALE MARKET WILL SHOP SHOP SHOP SHOP SHOP SHOP SHOP SHOP		If nonresident give city or town and State
DRIVER OF BIRTH (month, day, and year) So. If married, widowad, or divorced HUSBAND (rest) So. DATE OF BIRTH (month, day, and year) Months Days II LESS than 1 (day, hts.) T. AGE Years Months Days II LESS than 1 (day, hts.) So. Trade, profession, or particular soft of work done, as SPINNER, Columbia of work done, as SPINNER, Columbia of work done, as SILK MILL, SMR, etc. 10. Date deceased is the worked at 10 high several causes of mportance work was done as SILK MILL, SMR, etc. 11. Total time (years) possible or country) Manner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HEREBY CERTIFY, That I attended deceased from the date stated above, at 1. 19.3.7, to 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Male White Married (write the word)	Feb. 22 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,	HUSBAND of	
7. AGE Years Months Days If LESS than 1 day	mi -1 (1 1650	
S. Trade, profession, or particular kind of work done as SPINNER, SAWTER, BDDKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) soccupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, Determation, Or Removal. Place 18. BURIAL, Determation, Or Removal. Place 19. Jack of country Manner of injury Nature of Injury	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done as SPINNER, Calculation of work done as SPINNER, SAWYER, BDFKREPER, etc. 9. Industry or business in which work was done, as SILK MILL BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation (State or counky) 12. BIRTHPLACE (city or town) (State or counky) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL Extending Removal (Address) 18. BURIAL Extending Removal (Place 19. Trade, profession, or particular this document of the country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury		The PRINCIPAL CAUSE OF DEATH and related causes of importance
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Other Contributory Causes of importance: 12. Date of importance: 12. Date of importance: 13. NAME 14. La pack 1, 02 15. Can (importance: 16. Contributory Causes of importance: 17. La pack 1, 02 18. BURIAL, CREMATION, OR REMOVAL Place Name of operation Name of operation What test confirmed diagnosis? Was there an autopsy? No. 23. If death was due to external causes (VIDL BNCE) fill in also the following: Accident, suicide, or homicide? Date of injury New add injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury	8 Trade profession or particular	Arterio solerotic ryocardial
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Other Contributory Causes of importance: 12. Date of importance: 12. Date of importance: 12. Date of importance: 13. NAME 14. Date of importance: 14. Date of importance: 15. Maiden Name 16. Date of importance: 17. INFORMANT (Specify or town) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury	9. Industry or business in which work was done, as SILK MILLIANDER PARK, Co.	
(State or country) 13. NAME 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, ENEMATION, OR REMOVAL 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.37 19.3	- I construction the second the second the thing of the	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy? / W. 15. MAIDEN NAME E. E. E. 16. BIRTHPLACE (city or town) Continue Continue Continue (State or country) Continue Continue Continue Continue Continue Continue 17. INFORMANT Continue Conti		tecal impaction 2/16/37
What test confirmed diagnosis? Was there an autopsy? / W. 15. MAIDEN NAME E. E. E. 16. BIRTHPLACE (city or town) Continue Continue Continue (State or country) Continue Continue Continue Continue Continue Continue 17. INFORMANT Continue Conti	13. NAME John M. Thousaker	
What test confirmed diagnosis? Was there an autopsy? / W. 15. MAIDEN NAME Could E. Eyler 16. BIRTHPLACE (city or town) Coalcaster (State or country) 17. INFORMANT Carl Memory Country 18. BURIAL, ENEMATION, OR REMOVAL Place Of Country Manner of injury Nature of Injury Natur	14. BIRTHPLACE (city or town) 20 alcohory	Name of operation Date of
17. INFORMANT David Steen 18. BURIAL, ENEMATION, OR REMOVAL Place Place, Date 2/24, 19-37 Nature of Injury	(State of country)	What test confirmed diagnosis? Was there an autopsy? Nw.
17. INFORMANT David Steen 18. BURIAL, ENEMATION, OR REMOVAL Place 1. December 1. Decembe	15. MAIDEN NAME Levella E, teyler	23. If death was due to external causes (VIDL BNCE) filf in also the following:
17. INFORMANT David Steen 18. BURIAL, ENEMATION, OR REMOVAL Place Place, Date 2/24, 19-37 Nature of Injury	[16. BIRTHPLACE (city or town) Dalueby	Accident, suicide, or homicide?
17. INFORMANT PARTIES TO Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, ENEMATION, OR REMOVAL Place PROCESS Date 724 1937 Nature of Injury Nature of Injury	(State or country)	
Place he blives lever, Date 1/24 1937 Nature of Injury		
1 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18. BURIAL, CREMATION, OR REMOVAL P 2/3//	
(Address) Frederick Ned If so, specify.	19. UNDERTAKER G. E. Clave Hong (Address) Tradition mile	24. Was disease or injury in any way related to occupation of deceased? 2
20. FILED 3 4 Feb., 1937, Das J. M. Martin (Signed) frederica M. 1 Registrar (Address) Frederica	20. FILED 3. 4 F. S. 1937. Drs. J. m. Crudy	(Signed) Albertuan M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

4 144 100 10

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L		Example II	
The principal cause of death and related cau of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1997	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	5. July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	NEW TO STATE	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			OWNERS AND ADDRESS.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dre and remon

-WRITE PL

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

	STATE OF MARTERIES	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	922
	county hederick within the Corporal	Registration Dist. No.
1	Villago or City Frederick	No. 327 Watrick St. Ward
1		death occurred in a hopital or institution, give its NAME instead of street and number)
/	Length of rasidenca in city or town whara death occurred 6. 5 yrs	ds. How long In U.S. if of foraign blrth?yrsmosds.
	2. FULL NAME William June Sh	or If U. S. Veteran, specify WAR Zrone
	(a) Residence: No. 327 2 Outreek	St. Ward.
	(Usual place of abode)	Il nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	male Mite OR DIVORCED (write the word)	Feli: 27, 1937
		(Month) (Day) (Year)
	5a. If marriad, widowed ar divorced HUSBAND of Or) WIFE of Carmina A. Shook	22. I HEREBY CERTIFY, That I attanded dacaasad from
		Feb 22, 1932, to Feb 22, 1937
e.	6. DATE OF BIRTH (month, day, and year) May 24-1870	I last saw hare alive on Pelon, 19 37; death is said
certificate	7. AGE Yeers Months Deys If LESS than	to heve occurred on the date stated above, et. 12:30/km.
rtiß	66 9 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
	Trade profession or particular D	Date of onset
Jo	kind of work dona, as SPINNER, Loutractor	Tract factors
back	S. Industry or business in which	Cream thumbon 2/22
	SAW MILL, BANK, etc.	artered al
no		2 Chronic Decor a and to Diration:
su	year) occupation	Other Contributory Causes of infortance: at least five years Quen
etio	12. BIRTHPLACE (city or town) Trederick	
rn	(Stata or country) Red	
instructions	13. NAME Dewis a. Thook	
See i	14. BIRTHPLACE (city or town) Trederect	Neme of operation Date of
Š	(Steta or country)	What test confirmed diagnosis? Wes there an autopsy?
it.	15. MAIDEN NAME ann R. Hargate	23. Il death wes due to extarnal causes (VIOL ENCE) fill in also the following:
important	15. MAIDEN NAME TIME R. Hagate 16. BIRTHPLACE (city or town). Treduced (State or country)	Accident, suicide, or homicide?
por	16. BIRTHPLACE (city or town)	Where did Injury occur?
im	E. Short	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
very	17. INFORMANT Command Trederick Find	Specify whethat injury occurred in Industria, in nome, or in Public Place.
	18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
S	Placa net olivet Cen Data 1/ 1937	Nature of Injury
LION	10.8.101 Hand	7
TI	19. UNDERTAKER	24. Has disaasa of tiljuly ill any way related to occupation of deceased?
	(Address) Trederick Md.	If so, spacify Achter and Market
	20. FILED That Ch 1931. and F. h. Curdy	(Signad) M. D.
	Registrar.	(Address) 7 2 3
	If more blankrare needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I VED		• Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second and second area of the second and the second area of the se			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0	E I	00	
tem	sho) Jo	
I. B.—WRITE PLATILY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item o	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
TR	LY.	<u>G</u>	
RMANEN	XACTI	classified.	
A PE	ated E	operly	tificate.
IS IS	e st	e pr	f cer
LHI	d be	y be	k of
INK	E shoul	at it ma	s on bac
ADING	d. AG	s, so th	ruction
UNF	supplie	n terms	ee inst
WITH	efully	in plai	ant. S
TALY,	be car	EATH	import
E PLA	plnous	OFD	s very
-WRIT	mation	CAUSE	TION is very important. See instructions on back of certificate.
ار ا		~	

STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	757
1. PLACE OF DEATH			97)	
County Frederick			Registration Dist. No. 13	8
Village or City Mr. Mourous			No. St., death occurred in a hospital or institution, give its NAME lastead of street and r	
Length of residence in city or town where de	eath occurred	o yrsmos	ds. How long in U.S. if of foreign birth?yrsmc	osds
2. FULL NAME Miss Jaw	raid, x	skeggs.		
(a) Residence: No.	(Usual place	-	St., Ward. If nonresident give city or town and	C
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	Diale
3. SEX 4. COLOR OF RACE Fernal White	5. SINGLE, MAR	RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH 7 17 (Month) (Day)	, 193 37 (Year)
5e. If merried, widowed, or divorced HUSBANO of	0			
(or) WIFE of			22. I HEREBY CERTIFY, That I attended	2~
6. DATE OF BIRTH (month, day, end year)	ec. 5-	1851	Hast saw har alive on File 16 ,1937	, 19 <i>D - (-</i> .; death is sai
7. AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 9 - 4 - m.	
25 2	12	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Hovsek	echer.	arterio Aclerocci	10 yre
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decessed last worked et				/
10. Date decessed last worked et this occupation (month end year) Aug f G-3-7	sper	lme (years) nt in this upation		
12. BIRTHPLACE (city or town)	land.	~*****	Other Contributory Causes of importance:	
13. NAME Stewery Stk	isas			
13. NAME Stevry Sife 14. BIRTHPLACE (city or town) (State or country) Mary	land.		Name of operation Date of What test confirmed diegnosis?	1
15. MAIDEN NAME ama. W.	Luts.	1717	23. If deeth was due to external causes (VIOLENCE) fill in also the following	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16. BIRTHPLACE (city or town) BOZZI 6. (State or country)	u Bhi	h	Accident, suicide, or homicide? Date of Injury	
17. INFORMANT MAS. Berthal	Bussa	rd. +	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place Merrin askiet	Oate 2	19.,1937	Nature of Injury	
19. UNDERTAKER WENT al (Address) New Ma	cone	7,	24. Was disease or injury In any way related to occupation of deceased?	ta
20. FILEO. Feb 18 , 1937 Leac	ian Ki	Falcane.	(Signed) Ernech P. Rusp (Address) New Market Med	М. (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ate of onset
1 week ago
1 week ago
3 days ago
1 year

state of infor-

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

Place Dufe

19. UNDERTAKER

(Address)

82-0	
Registration Dist. No. 1997	
No. St.	Ward
NoSt.,St.,St.,St.	
ds. How long In U.S. if of foreign birth?yrsme	osds.
If U. S. Veteran, specify WAR	
St., Ward.	
If nonresident give city or town and	State
MEDICAL CERT FICATE OF DEATH	
21. DATE OF DEATH PLYUNG FH	4
(Month) (Day)	, 193
	(real)
22. I HEREBY CERTIFY, That I attended.	deceasad from
Jaw 193/19 1 ev/	1., 19.3.7
I lifet saw h. Lew alive on 18	; death is said
to have occurred on the data stated above, at the control	
The PRINCIPAL CAUSE OF DEATH and related causes of Importanca ware as follows:	,
	Date of onset
(Osnobia Renounase	Quel in
- House House way	disco-100
Other Contributory Causes of importance:	
Make toureou	
Name of operation	
What test confirmed diagnosis? Was there an a	utopsy? 210
23. If death was due to external causes (VIOLENCE) fill in also the following	:
Accident, suicide, or homicide?Date of injury	, 19
Where did Injury occur?	. ~
(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
Manner of Injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased?	
If so, spacify	
TA: ()()	20, 1
(Signad)	a Jy. D.
(Addrass)	1000

V. S. No.

WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Description of Autopalian Control			15
Other contributory causes of importance:		Other contributory causes of importance:	,
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYL	AND-CEF	RTIFICATE	OF	DEATH
----------	-------	---------	-----------	----	-------

ė.	phy	per	f	h	
	1/4	5	4	Ŧ	
L.	0.	17	1	ş	

1. PLACE OF DEATH	23)
County Frederich	Registration Dist. No.
Village or City Johnsville	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ida Missoura Sui	th
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Hidaula	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HU89AND of (or) WIFE of Dohn W Smith	22. I HEREBY CERTIFY, Thet I attended deceased from 22. 1 HEREBY CERTIFY, Thet I attended deceased from 10. 1930, to 2-8-1932
6. DATE OF BIRTH (month, day, and year) May 73 1857	I last saw h LV elive on 2 7 - 1930 death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 1030a.m.
79 8 15- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Houseurs & SAWYER, BOOKKEEPER, etc	Pallmonary Date of onset
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Jaberculose 104124
10. Date deceesed last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:
(State or country)	
13. NAME Joseph Delfiles 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Delilah Koonty 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mrs Iva Straysling, (Address) University Bridge Mind	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Middeling med Date Felt / the, 1927	Nature of Injury
19. UNDERTAKER Powell & allough	24. Wes disease or Injury In any way related to occupetion of deceased?
20. Freigh 9 137 MD Curfinan	(Signed) T. M. Lagg. M. D.
Registrar.	(Address) the Drive me.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- Indiana	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
STATE OF STA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

All Taranta Marian		

STATE	OF	MARYL	AND-	-CERTIF	ICATE	OF	DEATH
		1414 / 11 / 1	1111	O-1111		V I	

1	7	1	7	1	1

1. PLACE OF DEATH	948
County FIRE CENICHS	Registration Dist, No.
Village or City Thurmony (1)	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME George & Spigler	If U. S. Veteran, specify WAR
(a) Residence: No. The gestion main (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SYNGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 12 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193 193
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Death 26-1890	last saw h aliva on dead was death is said
7. AGE Years Months Oays If LESS than	to heve occurred on the data stetad abova, at 3,30,4.m.
46 9 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
18. Trede, profession, or particular kind of work done, es SPINNER, Brakeman	Arught Can
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was dona, as SILK MILL, An Mailsoad 10. Date dacassed last worked at A this country in the second in this sec	Western Man 10
10. Date dacased last worked at this occupation (month and 4/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	Mark was pro-
12. BIRTHPLACE (city or town) / 12. \$ \$55 / 0751	Other Contributory Causes of Importanca:
(Stata or country), Ind.	2022 308
13. NAME (// omas, a, Spigles,	Death probably due to coronory thrombaish
(State or country) (State or country)	Nama of operation Oata of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mylanda. Bailey 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, sulcida, or homicida? Oate of Injury, 19
(State of Equity)	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Daceston Ind	
18. BURIAL, CREMATION, ON REMOVAL Ausahill Genely	Menner of Injury
Place Vas esse view Data Hefry 5-, 19-3-7	Neture of Injury
19. UNDERTAKER Fred. W. Kraise.	24. Was disease or injury in any wey related to occupation of decessed?
20 EUED Tele 12 x32 ama madi	(Signed) Morris Of Beel, M.
Registrar	(Addrace) structure in 4- Mal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death.

As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

BIND

RESERVED

MARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis MAD Q 1877	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF	F MARY	LAND-	CERTIFICATE OF DEATH	1100
1. PLACE OF DEATH	-		948	3/
County Frederick	**************		Registration Dist. No.	\(\mathcal{L}\)
Village or City Bloomfield		Clé	No. Bloomfield - K.F. D. 3 St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence In city or town where dea	th occurred	yrs,mos	ds. How long In U.S. if of foreign birth?m	osds.
2. FULL NAME Mrs. Emil	y S. Sto	one	If U. S. Veteran, specify WAR None	
(a) Residence: No. Bloomfi	eld	P	St., Ward.	
PERSONAL AND STATISTIC	(Usual place of		MEDICAL CERTIFICATE OF DEATH	State
	S. SINGLE, MARRI OR DIVORCED	ED. WIDOWED.	21. DATE OF DEATH February 26,	, 193.7
5a. If merried, widowed, or divorced HUSBAND of Davis F. St	one		(Month) (Dey) 22. I HEREBY CERTIFY, That i attended	(Yeer)
			i lest saw h er silve on Dead 19	
		19, 1876	8.301	_; death is said
7. AGE Yeers Months 3	Deys 17	If LESS then 1 dey,hrs. ormin.	to heve occurred on the date steted above, et	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER,	ouseworl	7		-
SAWYER, BOURKEEPER, etc.			Caronary Herobour	37
work wes done, es SiLK Mill, A	t Home			
10. Dete deceased last worked et this occupetion (month and year)	11. Total time spant i occupe	e (years) 40 in this 40 ition		
12. BIRTHPLACE (city or town)	and		Other Contributory Causes of Importance:	-
13. NAME Joseph A. Key	ser			
13. NAME Joseph A. Key 14. BIRTHPLACE (city or town) (Stete or country) W. V.	a .		Neme of operation Dete of Whet test confirmed diagnosis? We s there en	10
15. MAIOEN NAME Ada Niman			23. If death was due to externel causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury Where did Injury occur?	•	
17. INFORMANT Mr. Davis F. Stone (Address) Bloomfield Fred k Co., Md.		(Specify city or town, county and Ste Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL		
18. BURIAL, CREMATION, OR REMOVAL Place Frederick, Mid.	Olivet	Cemeter 191937	Manner of Injury	
19. UNDERTAKER Frederick,	son & So laryland	on 1	24. Wes disease or Injury in any wey related to occupetion of deceesed?	200
20. FILED 27. Fil. 1937. 21	e 7. me	Array Registrary	(Signed) Deflection ?	M. D

If more blank ore needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago
Corobral homombago	July 5,1927	Peritonitis	3 days ago
Cereural nemorrhage	+3		
Other contributory causes of importance:	N=-11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEATH		(97)	
County	Trederic	ff	Registration Dist. No.	0
Village	or City 21000	storo	NoSt.,	Ward
			death occurred in a horpital or institution, give its NAME instead of street and	
Length of	residence in city or town where	death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsm	0sds.
2. FULL	NAME Throat	ore bolum	ou stoull	
(a) Res	idence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERS	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WtDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb. 3-2	, 193
5e. If married, w HUSBAND (or) WIFE		Gladbill	(Month) (Day) 22. HEREBY CERTIFY, That attended,	(Year)
(OI) WITE	" //20/ 14.	1	June - 1 st 1936, 10 Fiels, 320	- , 19.37
6. DATE OF BER	TH (month, day, and year) lu	ly 10. 1852.	Tlast saw harm alive on P. W. 2 2 2 19.37	_; death is said
7. AGE	Years Menths	Days If LESS than	to have occurred on the date stated above, atm.	
	84 6	23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1 -
8. Trade, p	rofession, or particular	h + 1		Date of enset
SAW SAW	of work done, as SPINNER, YER, BDDKKEEPER, etc.	Tehred	(Plerioselerosis	
kind SAW 9. Industry work SAW 10: Date de	or business in which wes done, as SILK MILL,	I week		1925
B SAW	MILL, BANK, etc.	Januare		
	ceased last worked et occupation (month and / 9/	11. Total time (yeers) spent in this		
12. BIRTHPLAC)	occupation	Other Contributory Causes of Importance:	
		reham		
1	country) Ired	1. Go. M.L.		
13. NAME	Willia	in Stoner		
13. NAME	LACE (city or town)		Name of operation Date of	
(318	te or country)	md.	What test confirmed diegnosis? Was there an	autopsy?
15. MAIDEN	NAME Gatha	rine Parish	23. If death was due to external causes (VIOLENCE) fill in also the following	:
5 16. BIRTHPI	LACE (city or town)		Accident, suicide, or homicide? Date of Injury	, 19
	te or country)	md.	Where did Injury occur?	
17. INFDRMANT (Address	1 6 8	Toner ms.	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ACE.
	MATION, OR REMOVAL	9 1	Manner of injury	
Place	Vestivite	Date Jet, 5, 19 37	Nature of injury	
	Par 18	-38/2.	24. Was disease or injury In any way related to occupation of deceased?	
9. UNDERTAKE	A //	200 miles	If so, specify	
7	1 1 2 0	PB	(Signed) 6 C. Stulb	M. D.
20. FILED	W- 45, 193/	Registrar.	(Address) Mandale and	2111.
4		acegistrar.	(1001035)	# #CCummer

NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD-Eyery item of infor-

MARGIN RESERVED FOR BINDI

of OCCUPA-

Exact -statement

classified.

properly

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of oneat
	of importance were as follows:	20.0 01 011361
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
15		
	Other contributory causes of importance:	
May 1,1923		1 year
	1921 July 5,1927	1921 Run over by street car Iuly 5,1927 Peritonitis Other contributory causes of importance:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	August	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ilian.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1907	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance		Other contributory causes of importance:	
Gallstones	L	May 1,1923	Gostroenteritis	1 year
		3		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1765
1. PLACE OF DEATH	
county Decederade	Registration Dist. No.
	No. Steadersele Celot Maskelast Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 28_yrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME / ate Victoria Stre	If U. S. Veteran, specify WAR Zeoul
(a) Residence: No. 147 W. Maulli (Usual place of abode)	St., Ward. If nonresident give city or town and Stare
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Secural 4. COLOR OR RACE OR DIVORCED (write the word) Market S	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND-of (or) WIFE of Clarence Strein	22. 7eb S 1937 to 7 12 1357
6. DATE OF BIRTH (month, day, ond year) Seele. 21, 1875	I last saw h e alive on J. et 12 , 19 & 7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at/_OG_m.
6 / // 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as illinows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	De bar meumonia Felio
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	This case was operated upon for topic
10. Oate deceased last worked at this occupation (month and year)	goitea ; nan=malignout. Courses.
12. BIRTHPLACE (city or town) Leiters levels (State or country)	Other Contributory Causes of importance:
13. NAME John Kinnall	A1 .
13. NAME John Renngel 14. BIRTHPLACE (city or town) disters living (State or country)	Name of operation of the state
15. MAIDEN NAME & MANGE (Whipp)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) deilers living, (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Clarence Strend (Address) Sove Served mod.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place WOD Iskory, Mad Date Seeks. 18, 1934.	Manner of injury
19. UNDERTAKER C. E. Cline + Low (Address) Shee Dereale Mid.	24. Was disease or injury in any way related to occupation of deceased?
20, FILED/3 Fuh , 1957. Die J. Mrs. Charly Register.	(Signed) Moure M. D. (Address) Poderet Wa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Fire Live Live	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephi	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 5 1887	July 5,1927	Peritonitis	3 days ago
	ROBEATT V. S.			
Other contributory car	ises of importance:		Other contributory causes of importance:	430
Gallstones		May 1,1923	Gastroenteritis	1 year
	A DAY THE RESIDENCE OF THE PARTY OF THE PART			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Town of There

V. S. No. 1

1. PLACE OF DEATH County Mullage of City, Huddland No. 419 Mullage of City, Huddland No. 419 Mullage of City, Huddland No. 419 Mullage of City, Huddland Length of residence in city or Agen where death occurred I/T yet. months of the county of the city of Agen where death occurred I/T yet. months of the city of Agen where death occurred I/T yet. months of the city of Agen where death occurred I/T yet. months of the city of Agen where death occurred I/T yet. months of the city of Agen where death occurred I/T yet. months of the city of Agen where death occurred I/T yet. months of the city of Agen where death occurred I/T yet. months of the city of Agen where death occurred I/T yet. months of the city of Agen where death occurred I/T yet. months of the city of Agen where death occurred I/T yet. months of the city of the city of Agen where death occurred I/T yet. months of the city of Agen where death occurred I/T yet. months of the city of Agen where death occurred I/T yet. months of the city of Agen where death occurred I/T yet. months of the city of Agen where the Agen where the city of Agen where the Agen where the Agen where I/T yet and I/T yet a	ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1766
Village or City Fundament Langth of residences in city or Joyan where death occurred I/J yrs. anothy gr. who has pin in Lingth of residence in city or Joyan where death occurred I/J yrs. anothy gr. who has pin in Lingth of residence in city or Joyan where death occurred I/J yrs. anothy gr. who has pin in Lingth of residence in city or Joyan where death occurred I/J yrs. anothy gr. who has pin in Lingth of project proje	sta UP,	1. PLACE OF DEATH,	93.2
Village or City. Maddle Man. Length of residence in city orkyon where death occurred In a borpial or institution, give in NAME instead of street and number) Length of residence in city orkyon where death occurred In yes. 15. How long in U.S. It of foreign high). 2. FULL NAME (a) Residence: No. A.D. M.	PIT	County Hughlick within the Corbotat	Registration Dist. No.
Length of residence in city or Joyan where death occurred 1 yrs. most of the state in a number) 2. FULL NAME	-		
2. FULL NAME (a) Residence: No. of 19 (Unablese of abold Spark Country) PERSONAL AND STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE S. SUBJECT SAME STATISTICAL PARTICULARS SASK 14. COLOR OR RACE STATISTICA	0 /	Length of residence in city of town where death occurred 17 yrs, most	death occurred in a hospital or institution, give its INAIVIE, instead of street and number) ds. How long in U.S. If of foreign hirth?
3. SEX A. COLOR OR RACE S. SINGER. MARNED. WIDOWED ON-BIVOYCED (wing) the world) Sa. It married, widowed, or divorced Sa. Uniformatic Sa. Uniform	IAN men		L Corpo
3. SEX A. COLOR OR RACE S. SINGER. MARNED. WIDOWED ON-BIVOYCED (wing) the world) Sa. It married, widowed, or divorced Sa. Uniformatic Sa. Uniform	SIC	110/11/11/11/14/14/14	St. Walter no war vetran
3. SEX A. COLOR OR RACE S. SINGER. MARNED. WIDOWED ON-BIVOYCED (wing) the world) Sa. It married, widowed, or divorced Sa. Uniformatic Sa. Uniform	HX s	(Usual place of abode) Firesk	
Sa. It married, widowed, or divorced widowed, or divorced of widowed of widow	P		
Sa. It married, widowed, or diversed HUSBARD of Corp Wife	Y. B.	Tours of Mark & OR DIVORCED (write the word)	2 25 193 7
Date of party of part	T I	5a. If married, widowed, or divorcad	(Month) (Day) (Year)
Date of party of part	A C ssif	(or) WIFE of Zadock Summers	22.' HEREBY CERTIFY That attanded deceased from
7. AGE Years Months Days ITLESS than I day,hrs. or. min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done to country) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME MILE BANK, Acc. 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT 18. The PRINCIPAL CAUSE OF DEATH and replace causes of importance with a state of above, pt. 73 CA. 18. Trade, profession, or particular with a state of a post to be stated above, pt. 73 CA. 18. The PRINCIPAL CAUSE OF DEATH and replace causes of importance with a state of above, pt. 73 CA. 19. Industry or business in which work was done to country or business of importance with a state of above, pt. 73 CA. 19. Industry or business in which work was done to external causes of importance. 19. Industry occurred in Industry, in Home, or in public Place. 19. What test confirmed diagnosis? 19. Was there an autopsy? 20. It death was due to external causes (VIOLENCE) fil		Make and last	1997, to 1997, to 27
SAVER, BOOKEPER, etc.	rly ate		1 ~ 300
SAVER, BOOKEPER, etc.	ope ope tific	7 2 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Second S		8 Trade profession or particular	Date of onset
Second S		kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mynus Myound ?
Second S	uld 1ay ack	9. Industry or business in which work was done, as SILK MILL,	
Second S		SAW MILL, BANK, atc	U
Table Tabl	E + 0	this occupation (month and 1925 spent in this 30 occupation	
Table Tabl	AC o th tion	12 RIPTHDIACE (city of town) Maryland.	Other Contributory Cause of Importance:
Name of operation. Date of	4 4 114		1 much mummin 1000
Name of operation. Date of	plie rm inst	13. NAME OKELSON Erpe	(Tumuna)
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION. OR REMOVAL Place Address Date of injury. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury. Nature of injury. 19. UNDERTAKER Comad Function of deceased? (Address) 20. FILED 6 - Telegraphy. (Signed) (Signed) (Address) (Address)	sup n te	14. BIRTHPLACE (city or town)	Name of operation Date of
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION. OR REMOVAL Place Address Date of injury. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury. Nature of injury. 19. UNDERTAKER Comad Function of deceased? (Address) 20. FILED 6 - Telegraphy. (Signed) (Signed) (Address) (Address)	lly olai	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
Accident, suicide, or homicide? Date of injury, 19	efu in p	15. MAIDEN NAME Whyorm	23. If death was due to external causes (VIOLENCE) fill in also the following:
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Mit. 19. UNDERTAKER (Address) (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER (Address) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (In the provided Home of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (State of County and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (State of County and State of Industry and State of Industry and In	Car	16. BIRTHPLACE (city or town)	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Note: Character of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 6- Jul., 19.37. In J. W. Grand Respirar. (Address) (Address) (Address) (Address) (Address) (Address) (Address)	be EA7	(State of Country)	(Specify city or town, county and State)
Place Mt. Clury Date 19 Nature of injury 19. UNDERTAKER Corrad Figure 1 Home 24. Was disease or injury in any way related to occupation of deceased? (Address) Friedenck Mid. If so, specify 20. FILEDO 6 - Tel. 1937. Yes Carrier (Signed) Respirar. (Address)		1 7 1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Mt. Clury Date 19 Nature of injury 19. UNDERTAKER Corrad Figure 1 Home 24. Was disease or injury in any way related to occupation of deceased? (Address) Friedenck Mid. If so, specify 20. FILEDO 6 - Tel. 1937. Yes Carrier (Signed) Respirar. (Address)	Sho OF ve		Manner of injury
20, FILED 26 - Tele., 19 37. Ora J. Mr. Cristan, Registrar. (Address)	。 坐 · 罗 ·	Place Mt. Olivy Date / 195/	Nature of injury
20. FILED 26 - Tele., 19 37. Ora J. Mr. Cristan, Registrar. (Address)	ACTO	19. UNDERTAKER Courad Fymula Home	24. Was disease or injury in any way selated to occupation of deceased?
20. FILED& 6 - Y. La., 19 VIII A. Registrar. (Address)	E O E		If so, specify
			(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged -10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NAST 5 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year



MARGIN RESERVED FOR BINDI

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Frederick	Poriotration Dick May 1 4
Village or City Brunswick	Registration Dist. No. 191 No. 321 Maple ave _ St, Ward
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 60 yrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mico, Ida Ettas Virto	If U. S. Veteran, specify WAR
(d) hoordonoo. Ho	∪St., Ward.
(Usua place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write tha word)	(Month) (Day) (Yeer)
5a. If married, widowed, or divorcad HUSBAND of	22. JaHEREBY CERTIFY Thetal attended deceased from
(at) WIFE of John IE. Voils	746-10 137 to 17 1947
6. DATE OF BIRTH (wasth, day, and year) Q 4 14-1871	I last saw h. & aliva on Feb 16 1937; daath is sain
7. AGE Yeers Months Days If LESS then	to have occurred on the data stated abova, at 4m.
1877 66 4 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this recention (month and the properties) (month and the proper	ferens Ken 12/2.
work was dona, es SILK MILL, SAW MILL, BANK, etc.	72
10. Date deceased last worked at this occupation (month end year) 11. Total tima (years) spant in this occupation	
12. BIRTHPLACE (city or town) Brunswick	Other Coatributory Causes of importance:
(State or country)	Colores Deleveres 7
# 13. NAME Desekiah Shilling	
13. NAME Stands The Line 14. BIRTHPLACE (city or town)	Name of oparation Date of
(State or country) Q. 5 A	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Darbora Ball	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarbara (2018) 16. BIRTHPLACE (city or town) ALAMUSCO, ma	Accident, suicida, or homicide?Date of injury10
(Stete or country) U.S.A.	Whare did Injury occur?
17. INFORMANT John R. Virls (Address) 3 8 1 marle DT Brungwick	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Paper Prunquiet Me Date Feb 2 1,1937	Nature of injury
19. UNDERTAKER ROS 3,7 Bailey	24. Was disease or injury In any way ralated to occupation of decaasad?
20, FILED Feb /8 19637 Uns H.S. Hedges	If so, specify
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH

4	p.a.g	10	6
1	1	P.S.	3
1	0	13	7

1. PLACE OF DEATH	
County-Frederick	Registration Dist. No. / 38
Village or City New Market:	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME David A. Marthe	m·
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (spring the word) White Married Married Married	21. DATE OF DEATH 7.
5a. If married, widowod, or divorced HUSBAND of (OT) WHEE OF Vinnie Umberger Warthen	22. HEREBY CERTIFY, That I attended deceased from 7.1937, to 7.4, 24, 1937
6. DATE OF BIRTH (month, day, and year) December 25-186	I last saw h. Lu alive on tet 2 4, 19 37; death is sald
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated ebove, at /2 Pt.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work dona as SPINNERO	were es follows: Date of onset Zah 5/237
kind of work done, as SPINNER Lettred Farmer	Kranchal Jeneumonia Feb 23 1937
Kind of work done, as SPINNER Latitud Tarmer SAWYER, BOOKKEEPER, etc. Tativad Tarmer 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	
11. Total time (years) this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Maryland- (State or country)	Other Contributor Causes of importanca: Unterior pelerocii 1925
13. NAME James. R. Warthers 14. BIRTHPLACE (city or town) Maryland.	
4. BIRTHPLACE (city or town) Many land. (State or country)	Name of operation Date of Whet test confirmed diagnosis? Churcal Was there an au'opsy? Nor
15. MAIDEN NAME and Delauter 16. BIRTHPLACE (city or town) Mary land!	23. If death was due to external causas (VIOLENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
17. INFORMANT Ms. Remard Selby Daughte	(Specify city or town, county and State) 7 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Pleasent Hill Date 2-27, 1937	Manner of injury
19. UNDERTAKER W. E. Halconeri (Address) New Marketi	24. Was diseasa or injury in any way related to occupation of deceasad?
20. FILED Fel- 26, 1937 Lucian K. Falcones Registrar.	(Signed) Essect P. Roap (Address) New Market, Md. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1937	July 5,1927	Peritonitis	3 days ago
WINEAU V. B.	10		
Other contributory causes of importance:	prett of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE PLANKY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-MARGIN RESERVED FOR BINDI

STATE (OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	0	(31)
County Tredence	Pupply the Conporate lin	Registration Dist. No.
Village or City Frede	nich (1)	No. 10 7 Send St., death occurred in a horpital or institution, give its NAME thetead of street and number)
Length of residence in city or town where	death occurred 10 yrs. 2 mos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Heles	v E. Wast	lev If U. S. Veteran, specify WAR water meles
(a) Residence: No. 107	West Sent (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 26 193
5a. If married, widowed, or divorced		(Month) (Day) (Yes
(or) WIFE of	Wastley	22. HEREBY CERTIFY That attended deceased
	2	1900 100 100 100 119
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months		I last saw he eliva on fellow 193 ; death
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance
	Ormin.	were as follows:
8. Trade, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	none	- Interented Mymes 15
9. Industry or business In which		1/2
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc		/MMICONALO -
10. Date deceesed last worked at this occupation (month and	11. Total tima (years) spent in this	
year)	occupation	Other Contributory Causes of importance
12. BIRTHPLACE (city or town)	rolly	1 7
(State or country)	y land	2 mg/what
13. NAME NAME	ella	17
4 14. BIRTHPLACE (city or town)	resnelle	Neme of operation Date of
(State of country)	my land	Whet tast confirmed diagnosis? Was there an autopsyll
15. MAIDEN NAME Mary	Name	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	resulle	Accident, suicide, or homicide?, 19
State or country)	ray land	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Muse, Nagel (Addrass) 107 W. 5.	1 Lyler	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	rety. Freshow. mid	Manner of injury
Place Lacrand Helf	bete 2/28 ,193/	Nature of injury
19. UNDERTAKER	Party Com	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED 27 - Tel, 1937. Q	ie J. n. Carl	If so, specify (Signed) (Signed)
	Registrar.	(Address) - fresh Mer to flag
If mo	e blanks åre needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy	Date of onset 1 week ago
Arteriosclerosis 1915 Altack of epitepsy	1 weck ago
Chronic interstitial nephritis 1921 Run over by street car	1 week ago
	3 days ago
A STATE OF THE STA	
The same of the sa	
Other contributory causes of importance: Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

County Trans	lench	v	****		Registration Dist. No. 14	14
Village or City	surm	ent		No.	ution, give its NAME instead of street and	Ward
Length of residence in city 2. FULL NAME	or town where de	land			of foreign birth?yrsr	
(a) Residence: No	/	(Usual place o	of abode)	St.,Ward.	If nonresident give city or town an	d State
PERSONAL AND	STATISTIC			MEDICAL C	ERTIFICATE OF DEATH	a Diace
3. SEX 4. COLOR	N	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED,	21. DATE OF DEATH	July 2 6 (Month) (Day)	., 1983 7 (Year)
5e. If married, widowed, or divorce HUSBAND of (or) WIFE of				22. HEREB	Y CERTIFY. Thet I ettended, 19.37, to Jul. 26-	d deceased fro
6. DATE OF BIRTH (month, day, a		eb. 2	6, 1937	I last saw h elive on	, 19	; deeth Is sa
U	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEA were es follows:	led above, atm. TH end releted causes of Importance	Oate of onse
8. Trade, profession, or pert kind of work done, es SAWYER, BOOKKEEPE 9. Industry or business in w				Stillhorn		74.26
SAW MILL, BANK, etc	K MILL,	11. Total tir	ne (years)			
12. BIRTHPLACE (city or town)	Thur	span occup span	pation	Other Contributory Causes of imp	oortence:	
(State or country) 13. NAME Lloyd	R. Stril	Phide				
(State or country)) Deer	field	-	Name of operation What test confirmed diagnosis?	Date of	
15. MAIOEN NAME 16. BIRTHPLACE (city or town (State or country) 17. INFORMANT (Address)	ace	taling taling	ole .	Accident, suicide, or homicide? Where distinjury occur?	Ouses (VIOLENCE) fill in also the followin Date of injury (Specify city or town, county and State In INDUSTRY, in HOME, or in PUBLIC PL	, 19
18. BURIAL, CREMATION, OR REM	- Angles	Dete Feb	. 27.,19.3.7	Manner of Injury		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
19. UNDERTAKER (Address)	de R	Grelly	ider to	24. Was disease or injury In eny	wey related to occupation of deceased?	no
20. FILEO Peter. 2-7, 19	37 am	me M	Registrar.	(Signed) Lame	Phone It made	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 2 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
V			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE F	FOR FURTHE	R STATEMENTS	BY	PHYSICIAN
-----------------------------------------------------	------------	---------	------------	--------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact exatement of OCCUPA. -WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate. N.B.

FOR BIND

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1772
1. PLACE OF DEATH	1620
County Frederick	Registration Dist. No.
Village or City Frederick Monte	Wardenie HOMBE. Ward
Length of residence in city or town where death occurred 7 yrs	death occurred in a hospital or institution, give its NAME instead of street and oumber)
	ds. Jow lang in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Wooda	nd will y T
(a) Residence: No. (Usual place of abode) 70.00	St. Ward 10 War Vernament State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH,
male white OR DIVORCED (write the word)	(Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of	, (33)
(or) WIFE of Unknown	HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer)	7, 1930 to 5-6- 8 1937
7. AGE Yaars Months Days If LESS than	liast saw h liva on
2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	wara as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	La Deste
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	37
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dete deceased last worked et / 93 0 11. Total time (yaars) spent In this 5 0y occupetion	a /
0 0 1-01	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
E Warman Warana	
(State or country)	Name of oparation Date of
· · · · · · · · · · · · · · · · · · ·	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
E Mary Marine	23. If death was due to external causes (VIDLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
(P. +1 1)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass) New towns (Les In	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Sheek House	Manner of injury
Plece///Outeres Cem Dete & 79 ,1937	Nature of injury
19. UNDERTAKER Corrad Huneral Home	24. Was disease or injury In any way related to occupation of deceased? Two
(Addrass) Grederick Md.	if so, specify
20. FILED Fely 197 Amlaus.	(Signad) D. O. Hurran A. M. D.
Relistrar.	(Address) Fraderick, MA
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CTATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	94B
County medically	Registration Dist. No.
Village or City ()OundurK	No. St., W. If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Samuel C Wood	
To a fine first of the state of	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Held 15 193 (Year
a. If merried, widowed, or divorced HUSBANO of	
(or) WIFE of Leda May Peters	22. I HEREBY CERTIFY, Thety attended deceased
1-11st 1871	7 Lo 2 , 190 5, to 7 19 Else 21, 19
DATE OF BIRTH (month, day, and yeer)	I last saw h Leccalive on
AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
60 10 ar or or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, yand Concluctur SAWYER, BOOKKEFPER, etc	
Sindustry or business in which	
work was done as SILK MILL.	a survey celler He
10. Date deceased last worked at 11. Total time (years)	
this occupation (month end year) spent in this occupation	
2. BIRTHPLACE (city or town)	Other Contributary Causes of importance:
(State or country)	Albert
13. NAME Oliver words	
14. BIRTHPLACE (city or town)	Name of operation. QA - Black Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Temily Prence	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
miss Helen words.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
7. INFORMANT Property (Address) Property Miles	
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Knappelle Date Del 1, 1937	Nature of injury
O HADEDTAKED AST 1-32 +2 FROM	24. Was disease or injury in any wey related to occurration of deceased?
9. UNDERTAKER (Addiess) No mousel Mile	If so, specify A A
1/11/11/11/11/11	(Signed) Kalliana Kluraviller
10. FILEO TUS 16 , 1931 Will H. J. HEAGUS	

WITH UNFADING INK-TIIIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDI

AGE should be stated EXACTLY.

properly classified.

AUSE OF DEATH in plain terms, so that it may be

nation should be carefully supplied.

-WRITE PL

PHYSICIANS should state Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AIAD	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	.3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		ST	ATE C	OF MAR	YLAND-	CERTIF	ICATE	OF DEA	TH	1774
1	L. PLACE OF	DEATI	4	10794	ninathe Deruu	I salar statistics	82-ax		1	21
	County	Fred	erick.	17 Uni				Registration	Dist. No.	2
	Village or City	Fr	ederic	k	/1	No. LI	L Coll	ege Aven	iue st.,	Ward
	Langth of residen	ice In city	or town where	death occurred3	6_yrs,2_mos	ds. Ho	w long in U.S. If (of foralgn birth?	E instead of street and	mosds.
2	2. FULL NAMI	E R	obert	Clinton	Zimmerm	an M	U. S. Veteran.	specify WAR	NONE	
	(a) Residence:	No. 1	ll Col	lege Av		St.	Ward.			
F3355	BERCONA	AND	CT 1 7107	(Usual place		rick md.	4		give city or town ar	nd State
-		COLOR		ICAL PARTI	RIED, WIDOWED,			ERTIFICATE	OF DEATH	
٥.				OR DIVORCEI	(write the word)	21. DATE 0		bruary	23.	193 17
5a.	Male If marriad, widowed	Whi		Widow	er			(Month)	(Day)	(Year)
	If marriad, widowed, HUSBAND of (or) WIFE of			TIT count is no		22.	HEREBY	CERTIF	Y, That attende	d deceased from
-		Lau	ra A.	Flemmin	8	fel	A	1930 10.2	30 Feb	1.137
-	DATE OF BIRTH (mo	nth, day, e	nd yeer) F	ebruary	11,1858	I last saw h	In alive on	Land Fe)_; death is said
7.	AGE Years		Months	Days	If LESS than 1 day,hrs.			ed abova, at 5:1		
	79		0	12	ormin.	ware es follows	CAUSE OF DEAT	TH and rented caus	es of Importance	Date of onset
NO	& Trade, professio kind of work SAWYER, BO	n, or parti k done, as	SPINNER,	Retired	Farmer	ANO	men	J. Selle	wen	1030
OCCUPATION	9. Industry or bus	iness in w	hich	roburda	ral mot	Pra				7.0
SUP	Work was do SAW MILL, I	ne. as SIL	K MILL.		~~					felt.
S	10. Date deceased I	ast worke		II. Total ti	Aim Ahin				***************************************	
	year)		end 4/26	2 00:10	pation 40	Other Contabute	Causes of Imp	orteAs: 6		7/-
12.	BIRTHPLACE (city or					(Cold	Dela	P. don	rade die el.	Contra
~	(State or country			rland		600	7	1/40	100/19	
FATHER	13. NAME	dwar	d D. Z	Zimnerma	n					1231
FAT	14. BIRTHPLACE (ci			rland		Name of operation	on	**********	Date of.	10
-						Whet test confirm	mad diagnosis?		Was there an	aulopsy?
MOTHER	15. MAIOEN NAME	T.	Tizabe	th Thom	8. S	11/1-1-1-1-1			II In also the followi	•
Q W	16. BIRTHPLACE (ci			rland					Date of Injury	, 19
							y occur?	(Specify city or	town, county and St	tate)
17.	INFORMANT Al					Specify whether	Injury occurred I	n INDUSTRY, In HO	ME, or In PUBLIC P	LACE.
18.	BURIAL, CREMATION	, OR REM	OVAL MT	. Olive	t Cem.	Mannar of Injury	· · · · · · · · · · · · · · · · · · ·			
	Place Fred	eric	k, Md.		25/3719	Nature of Injury		~~~~~~~~~~~~		10
19	UNDERTAKER	R.F	tchisc	n & Son		24. Was disease of	or Injury in day w	vay related to occup	ation of decease	10
	(Addrass) Fr					If so, specify	Line	12/01/	1xedy	
20.	FILED 25- 7	eh 19	37.2	no ?	n Caroli	(Signad)	14	"wek."	1	
		,			Registrar.		iress)	rederic	1-1	wi
			If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Str	reet, Baltimore, Re	equesting U. S. No.	1.	

V. S. No. 1

B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis 13 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- William			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		P. C.	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
